DOCUMENT RESUME

ED 245 448 EC 162 726

TITLE	New Jersey State Plan for Services to Persons with Developmental Disabilities, 1984-1986.
INSTITUTION	New Jersey State Developmental Disabilities Council, Trenton.
PUB DATE	[84]
NOTE	91p.; For related document, see ED 231 123.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Adults; Definitions; Delivery Systems; *Developmental Disabilities; Elementary Secondary Education; Program Implementation; *State Agencies; *State Programs; *State Standards
IDENTIFIERS	*New Jersey

ABSTRACT

The state plan outlines standards and procedures for providing educational and other services to developmentally disabled persons in New Jersey. The first section defines developmental disabilities (DD) and considers how many people have DD, how DD affect individuals, and the purposes of the Developmental Disabilities Basic State Grant Program. Section 2 outlines the composition and function of the New Jersey Developmental Disabilities Council. In section 3, the implementation role of the State Division of Mental Retardation as the administering agency for the Developmental Disabilities Program in New Jersey is set forth in a school year chronology. Section 4 describes a variety of agencies comprising the network of services for developmentally disabled persons, including the Departments of Education, Health, and Human Services. Also listed in the section are priority service areas. Sections 5 and 6 list the Council's goals, objectives, activities and budget as well as assurances. Section 7, attachments, consists of a list of agencies included in a private agency survey and a letter of approval from New Jersey's governor indicating that New Jersey's State Plan is consistent with other state plans and programs. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

3627

ED245448

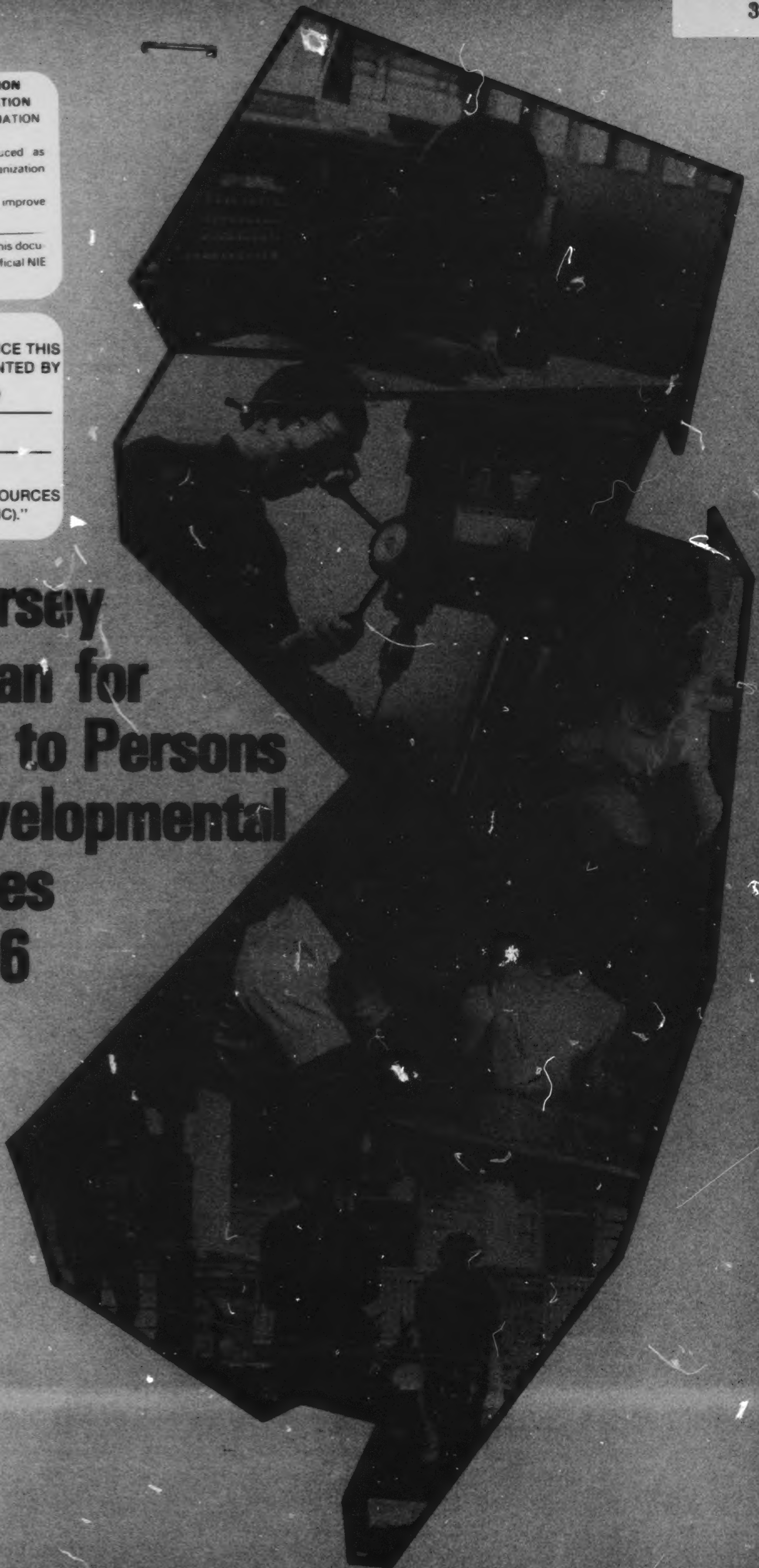
U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
D. Louis

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

New Jersey State Plan for Services to Persons with Developmental Disabilities 1984-1986



EC162726

LIBERTY AND PROSPERITY
1776

NEW JERSEY
STATE PLAN FOR SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES
1984-1986

EC162726

CONTENTS

Section I: Developmental Disabilities Definition and Impact 1

Section II: The State Planning Council on Developmental Disabilities 11

Section III: The Administering Agency for the Developmental Disabilities Program 19

Section IV: The State Context 23

Section V: Council Goals, Objectives, Activities and Budget 69

Section VI: Assurances 77

Section VII: Attachments 79

LIST OF TABLES/FIGURES

1-1 Developmental Disability Population Estimates 4

1-2 Map of New Jersey 6

1-3 Percentages Used to Estimate the Developmentally Disabled Population in Six Age Groups ... 7

1-4 Income Levels of the Developmentally Disabled Population 7

4-1 Public Agency Resources
    Direct Services 56
    Support Services 57

4-2 Summary of Private Agency Resources 59

4-3 Planning Cycle of the New Jersey Developmental Disabilities Council 65

5-1 Projected Fiscal Year 1984 Expenditures 75

Section I:

Developmental Disabilities Definition and Impact

1.1 What are developmental disabilities?

Developmental Disabilities are severe, chronic mental and/or physical impairments which occur at an early age, are likely to continue indefinitely, and have a pervasive effect on an individual's functional abilities and need for services.

In Public Law 95-602, the Developmental Disabilities Assistance and Bill of Rights Act, Congress stated its findings as follows:

1. There are more than two million persons with developmental disabilites in the United States.
2. Individuals with disabilities occurring during their developmental period are more vulnerable and less able to reach an independent level of existence than other handicapped individuals who generally have had a normal development period on which to draw during the rehabilitation process.
3. Persons with developmental disabilities often require specialized lifelong services to be provided by many agencies in a coordinated manner in order to meet the person's needs.
4. General service agencies and agencies providing specialized services to disabled persons tend to overlook or exclude persons with developmental disabilities in their planning and delivery of services.
5. It is in the national interest to strengthen specific programs, especially programs that reduce or eliminate the need for institutional care, to meet the needs of persons with developmental disabilities.

The Congressional findings pointed out the need for each state to work toward the development of a coordinated, comprehensive service delivery system for its developmentally disabled citizens. Public awareness and advocacy activities were emphasized to ensure that services which were available to developmentally disabled persons were being utilized to the greatest extent possible.

1.1.1 The federal definition of "developmental disability"

Public Law 95-602, as amended, defines a developmental disability as:

"A severe, chronic disability of a person which

a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
b. is manifested before the person attains age twenty-two;
c. is likely to continue indefinitely;
d. results in substantial functional limitations in three or more of the following areas of major life activity;

—self care
—receptive and expressive language
—learning
—mobility
—self-direction
—capacity for independent living, and
—economic self-sufficiency; and

e. reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated." (Section 102(7)).

The definition of developmental disabilities contained in P.L. 95-602 marks a shift from the definition contained in the earlier developmental disabilities laws, P.L. 91-519 and P.L. 94-103. The Developmental Disabilities Act Amendments of 1978 no longer make specific mention of the previously used diagnostic categories: mental retardation, epilepsy, cerebral palsy, and dyslexia, as it is related to and associated with the other conditions previously given.

The functional definition emphasizes that in order for a person to be considered developmentally disabled he, or she, must be substantially handicapped. This is further reiterated in the requirement that an individual must be substantially impaired in at least three areas of major life activity. It should be pointed out, however, that the concept of substantiality is age specific. That is, a person's ability to function in a particular area of major life activity should be compared to what can generally be expected for a person of his/her age. For example, infants cannot reasonably be expected to have self-care skills, and school-age children are not expected to be economically self-sufficient. The range of functional areas in which impairment can be manifested or assessed varies with the age of the individual in question. This is particularly problematical in terms of very young children whose functional abilities, as defined in the Developmental Disabilities Act Amendments, cannot be measured, except perhaps in the area of mobility.

Under the functional definition, no one is necessarily developmentally disabled just because of a particular diagnosis. The definition reflects the common problems shared by all developmentally disabled people, regardless of medical cause. Although different medical conditions may manifest themselves in any number or combination of functional disabilities, all developmentally disabled persons share a need for long-term individualized treatment services and the fact that their disability occurred prior to age twenty-two. The requirement that the individual be substantially handicapped prior to adulthood reflects the assumption that a person who is handicapped in childhood will experience more than average difficulty in acquiring the skills necessary for functioning as an independent adult in society.

The definition of a developmental disability includes persons previously eligible for services under the 1975 definition and extends eligibility to others who are not diagnosed as having autism, cerebral palsy, dyslexia, mental retardation or epilepsy, but who have some physical and/or mental impairment which meets all the other eligibility criteria specified in the law. The following additional conditions should be considered as potentially developmentally disabling:

a. severe emotional disturbances such as childhood psychosis and childhood schizophrenia;
b. severe physical impairments associated with conditions such as spina bifida, muscular dystrophy, tuberous sclerosis and osteogenesis imperfecta;
c. multiple handicaps such as deaf-blindness, mental retardation with an orthopedic handicap, or other combinations of handicaps, and
d. severe learning disabilities.[1]

Of course, this list is not all-inclusive, and any individual who has any of these conditions must also meet the criteria regarding severity, chronicity and age of onset to be considered developmentally disabled.

To provide a better understanding of the types of functional limitations referred to in the developmental disabilities definition, provided below is an operational definition for each area of major life activity and the corresponding functional limitations which would result.

7

OPERATIONAL DEFINITION OF A DEVELOPMENTAL DISABILITY

ACTIVITY	DEFINITION OF ACTIVITY*	DEFINITION OF SUBSTANTIAL FUNCTIONAL LIMITATION FOR AN INDIVIDUAL**
SELF-CARE	Daily activities which enable a person to meet basic needs for food, hygiene and appearance.	A person who has a long-term condition which requires that person to need significant assistance to look after personal needs such as food, hygiene and appearance. Significant assistance may be defined as assistance at least one-half of the time for one activity or a need for some assistance in more than one-half of all activities normally required for self-care.
RECEPTIVE AND EXPRESSIVE LANGUAGE	Communication involving both verbal and non-verbal behavior enabling the individual both to understand others and to express ideas/information to others.	A person who has a long-term condition which prevents that person from effectively communicating with another person without the aid of of a third person, a person with special skill or with a mechanical device, or a long term condition which prevents him/her from articulating his thoughts.
LEARNING	General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations.	A person who has a long-term condition which seriously inteferes with cognition, visual or aural communication, or use of hands to the extent that special intervention or special programs are required to aid that person in learning.
MOBILITY	Motor development and ability to use fine and gross motor skills. Ability to move one's person from place to place with or without mechanical aids.	A person who has a long-term condition which impairs the ability to use fine and/or gross motor skills to the extent that assistance of another person and/or mechanical device is needed in order for the individual to move from place to place.
SELF-DIRECTION	Management and taking control over one's social and personal life. Ability to make decisions affecting and protecting one's own interests.	A person who has a long-term condition which requires that person to need assistance in being able to make independent decisions concerning social and individual activities and/or in handling personal finances and/or protecting his/her own self-interest.
CAPACITY FOR INDEPENDENT LIVING	Age appropriate ability to live without extraordinary assistance from other persons, especially to maintain normal societal roles.	A person who has a long-term condition that limits the person from performing normal societal roles or which makes it unsafe for that person to live alone to such an extent that assistance, supervision or presence of a second person is required more than half the time.
ECONOMIC SELF-SUFFICIENCY	Maintaining adequate employment and financial support. Ability to earn a "living wage," net, after payment of extra-ordinary expenses occasioned by the disability. Absence of dependence on family or welfare for financial support.	A person who has a long-term condition which prevents that person from working in regular employment or which limits his or her productive capacity to such an extent that it is insufficient for self-support.

1.2 How many people have developmental disabilities?

While no survey which would count the actual number of developmentally disabled persons has been performed in New Jersey, estimates and projections have been developed based on a report done expressly for New Jersey by Gollay and Associates, Inc., of Santa Fe, New Mexico. This paper, *Estimates of the Size and Characteristics of the Non-Institutionalized Developmentally Disabled Population in New Jersey,* was based upon the 1976 Survey of Income and Education (SIE) compiled by the United States Bureau of the Census.

TABLE 1-1

SUMMARY OF DD POPULATION BY AGE GROUPS
PLAN YEAR 1984

Geographic Subdivision County	State Population		Total State DD Population		DD POPULATION BY AGE GROUPS—PLAN YEAR 1984											
					AGE GROUP Infants (0-2) 2.6		AGE GROUP Pre-School (3-4) 1.7		AGE GROUP School Age (5-17) 5.6		AGE GROUP Adult DD (18-21) 5		AGE GROUP Adult DD (22-64) 16.7		AGE GROUP Senior Citizens DD (65+) 18	
	Total	Total Minority Population	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
STATE TOTAL	7,364,823	1,729,239	75,650	100	1,990	100	1,300	100	42,470	100	3,790	100	12,430	100	13,670	100
ATLANTIC	194,119	46,878	1,970	2.6	50	2.6	40	2.6	1,100	2.6	100	2.6	320	2.6	360	2.6
BERGEN	845,385	89,065	8,670	11.5	230	11.5	140	11.5	4,860	11.5	430	11.5	1,440	11.5	1,570	11.5
BURLINGTON	362,542	64,213	3,700	4.9	100	4.9	60	4.9	2,080	4.9	180	4.9	610	4.9	670	4.9
CAMDEN	471,650	109,031	4,840	6.4	130	6.4	80	6.4	2,720	6.4	240	6.4	800	6.4	870	6.4
CAPE MAY	82,266	7,318	820	1.1	20	1.1	10	1.1	470	1.1	50	1.1	140	1.1	150	1.1
CUMBERLAND	132,866	41,679	1,360	1.8	40	1.8	20	1.8	760	1.8	70	1.8	220	1.8	250	1.8
ESSEX	851,116	445,507	8,770	11.6	230	11.6	160	11.6	4,920	11.6	440	11.6	1,440	11.6	1,580	11.6
GLOUCESTER	199,917	22,043	2,040	2.7	50	2.7	40	2.7	1,150	2.7	100	2.7	330	2.7	370	2.7
HUDSON	556,972	276,844	5,750	7.6	150	7.6	100	7.6	3,230	7.6	290	7.6	940	7.6	1,040	7.6
HUNTERDON	87,361	2,867	910	1.2	20	1.2	20	1.2	510	1.2	50	1.2	150	1.2	160	1.2
MERCER	307,863	76,346	3,180	4.2	80	4.2	50	4.2	1,800	4.2	160	4.2	520	4.2	570	4.2
MIDDLESEX	595,893	96,057	6,130	8.1	160	8.1	110	8.1	3,440	8.1	300	8.1	1,010	8.1	1,110	8.1
MONMOUTH	503,173	66,829	5,140	6.8	140	6.8	80	6.8	2,890	6.8	260	6.8	840	6.8	930	6.8
MORRIS	407,630	30,483	4,160	5.5	110	5.5	70	5.5	2,340	5.5	210	5.5	680	5.5	750	5.5
OCEAN	346,038	22,505	2,560	4.7	100	4.7	60	4.7	2,000	4.7	180	4.7	580	4.7	640	4.7
PASSAIC	447,585	155,912	4,690	6.2	130	6.2	80	6.2	2,630	6.2	230	6.2	770	6.2	850	6.2
SALEM	64,474	11,692	660	.87	20	.87	10	.87	370	.87	30	.87	110	.87	120	.87
SOMERSET	203,129	18,665	2,120	2.8	60	2.8	40	2.8	1,180	2.8	110	2.8	350	2.8	380	2.8
SUSSEX	116,119	3,413	1,210	1.6	30	1.6	20	1.6	680	1.6	60	1.6	200	1.6	220	1.6
UNION	504,094	139,290	5,140	6.8	140	6.8	90	6.8	2,880	6.8	260	6.8	840	6.8	930	6.8
WARREN	84,429	2,602	830	1.1	20	1.1	20	1.1	460	1.1	40	1.1	140	1.1	150	1.1

Although this survey was not specifically designed to measure the extent of developmental disabilities in New Jersey or the United States, it did ask key questions concerning certain functional limitations individuals were encountering. The SIE was based on personal interviews with a sample of households across the country. Questions were asked concerning the presence of mental retardation, emotional disturbance, speech, vision and hearing impairments and orthopedic handicaps. Additionally, respondents were queried as to the extent these handicaps affected daily life activities. Gollay reinterpreted these questions in order to estimate the number of respondents with functional disabilities in the major life activity areas specified in the Developmental Disabilities Act.

Data from the SIE had a number of advantages over other national surveys. Primarily, SIE data is useful as the survey was large enough to derive state specific estimates. The SIE survey was relatively recent (1976), and results of the SIE in terms of the proportion of the population exhibiting disabilities is similar to results from other surveys. Finally, the data focus is on functional limitations, making it more adaptable than other national surveys (including the 1974 Health Interview Survey and the 1972 Social Security Survey of Disabled and Non-Disabled Adults) to the definition of a developmental disability as set out in the Developmental Disabilities Act.

The SIE data are limited in terms of the types of people included in the survey. SIE data did not include persons residing in institutions, nor infants two years and younger. Additionally, the mentally retarded population appears to be undercounted. If a high estimate of the frequency of mental retardation nationally is used (3 percent of the total population), then it is evident the SIE did undercount. However, mentally retarded persons residing in institutions, nursing homes and group homes were not surveyed. Finally, it is important to remember that all numbers are estimates.

Table 1-1 shows the estimated number of non-institutionalized developmentally disabled residents of New Jersey by age and by county. These estimates were generated by applying the prevelance rates developed by Gollay to 1980 census data, obtained from the New Jersey Department of Labor, Division of Planning and Research. All estimates have been rounded to the nearest ten persons. Population projections for 1984 have not yet been developed by the Department of Labor.

The county was used as the geographic subdivision, as most planning is done on a single or contiguous county level in New Jersey. Figure 1-2 illustrates the location of the state's twenty-one counties.

As is illustrated in Table 1-1, there are an estimated 75,650 developmentally disabled residents of New Jersey. This represents 1.03 percent of the total state population.

As is the case with the general population of New Jersey, the developmentally disabled are most highly concentrated in the northeastern counties of the state—Bergen, Essex, Hudson, Morris, Passaic and Union Counties. Approximately 48 percent of the total estimated developmentally disabled citizens of New Jersey reside in these six northern counties. About 22 percent of the estimated developmentally disabled population reside in the southern New Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.

Camden, Burlington and Gloucester Counties have the highest concentration of developmentally disabled persons residing in the southern portion of the state. While actual numbers of developmentally disabled persons in other southern New Jersey counties are low, the fact that density is also low in Camden, Burlington and Gloucester Counties is significant in terms of planning for service delivery. Low density also exists in the extreme northwestern portion of New Jersey—Sussex and Warren Counties—where only about 3 percent of the state's developmentally disabled population resides.

Table 1-3 shows the percentages used to estimate the developmentally disabled population in the six age groups. There are an estimated 1,990 infants who manifest functional limitations severe enough to be considered developmentally disabled. This figure differs significantly from the number of children "at risk" of becoming developmentally disabled, which would be as high as 6,400 infants (or 3 percent of the total New Jersey population in the zero through two age group).[2] The pre-school estimate for 1983 is 1,300, while it is estimated that 42,470 developmentally disabled children of school age reside in New Jersey. There are an estimated 16,220

---

[1] *The Modified Definition of Developmental Disabilities: An Initial Exploration.* Elinor Gollay, Morgan Management Systems, Inc., March 1979.

[2] Boggs, E.M., and Henney, R.L. *A Numerical and Functional Description of the Developmentally Disabled Population in the United States by Major Life Activities* as Defined in the Developmental Disabilities Assistance and Bill of Rights Act as Amended in PL 95-602. Philadelphia: EMC Institute, 1979.

Figure 1-2

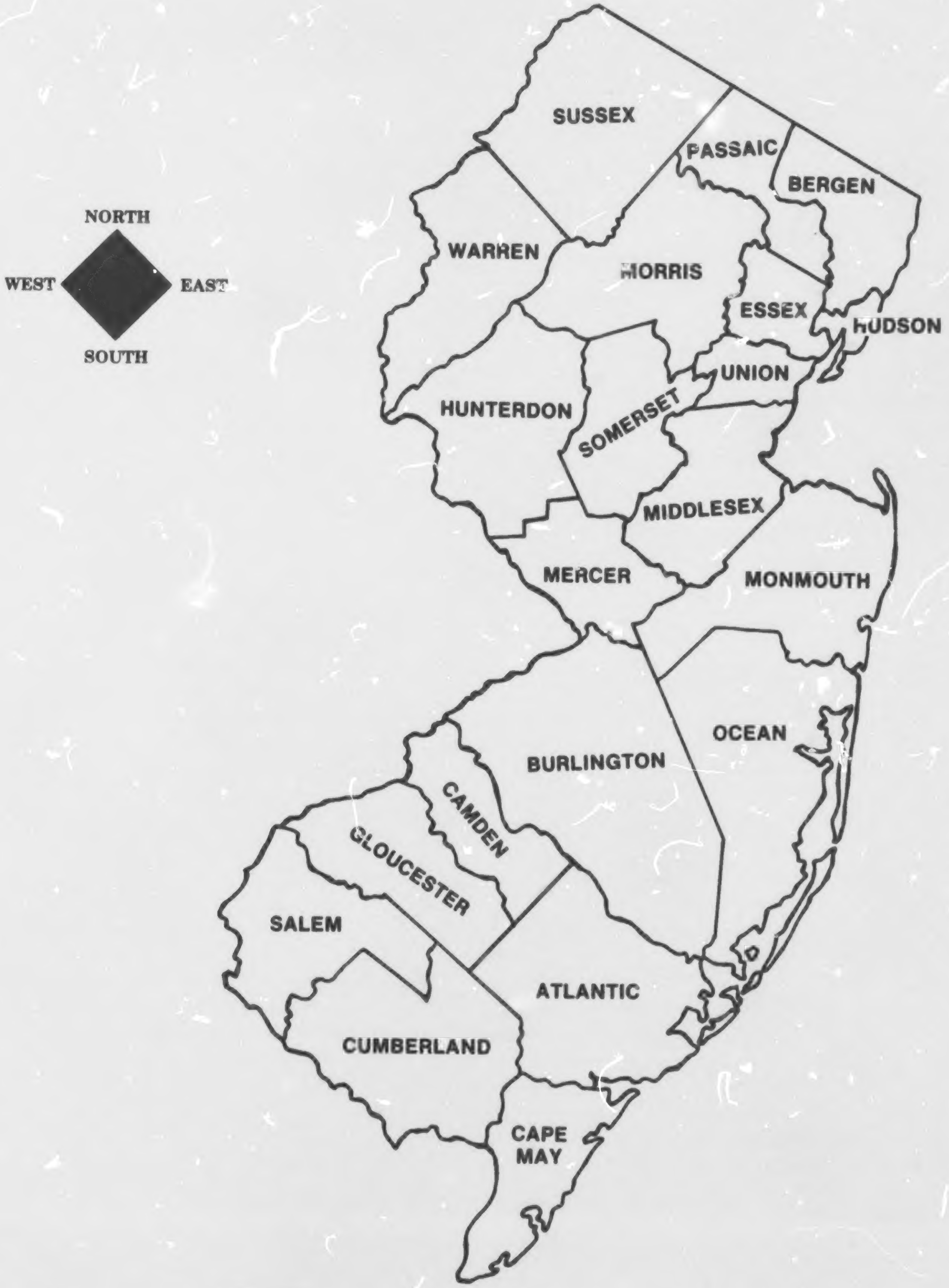

NORTH
WEST
EAST
SOUTH
SUSSEX
PASSAIC
BERGEN
WARREN
MORRIS
ESSEX
HUDSON
UNION
HUNTERDON
SOMERSET
MIDDLESEX
MERCER
MONMOUTH
OCEAN
BURLINGTON
CAMDEN
GLOUCESTER
SALEM
ATLANTIC
CUMBERLAND
CAPE MAY

TABLE 1-3

PERCENTAGES USED TO ESTIMATE THE DD POPULATION IN SIX AGE GROUPS							
	Infants Age 0-2	Preschool Age 3-4	School Age Age 5-17	Adults Age 18-21	Adults Age 22-64	Senior Citizens Age 65+	Estimated Total Population
DD AS Percent of Population	71	.71	2.78	.75	.34	.38	1.03

TABLE 1-4

INCOME LEVELS OF THE DD POPULATION (1983)									
State Total DD Population		Below Poverty Level		100-124% of Poverty Level		125-149% of Level		150% + Above Poverty Level	
#	%	#	%	#	%	#	%	#	%
75,650	1.03	14,460	19.11	4600	6.08	7,840	10.37	48,750	64.44

developmentally disabled adults between the ages of 18 through 64, and an estimated 13,670 senior citizens with developmental disabilities residing in New Jersey in 1983.

Table 1-4 illustrates income levels of the developmentally disabled population in New Jersey. It is estimated that 19.11 percent of the developmentally disabled residents of New Jersey have annual family incomes falling below the poverty level (less than $9,300 for a family of four). SIE data for non-disabled residents of New Jersey show 7.82 percent having incomes below the poverty level, making developmentally disabled persons more than twice as likely to live in poverty than non-disabled persons. An estimated 6.8 percent of developmentally disabled persons have incomes which are 100-124 percent of the poverty level ($9,300-$11,532), as compared to 2.8 percent of the non-disabled population. A little over 10 percent of developmentally disabled persons have incomes which are 125-149 percent of the poverty level ($11,625-$13,857), while 4.2 percent of the non-disabled residents have incomes in this range. Sixty-four percent of the developmentally disabled population live above the moderate income level ($13,950 and above), with 85 percent of the non-disabled population falling in this income category.

It is important to note that all estimates presented in Tables 1-1, 1-3 and 1-4 are subject to standard statistical error. The figures should be considered a range within which the actual number of developmentally disabled persons would fall. This range has been calculated, generating a population range which has a 95 percent probability of containing the true size of the developmentally disabled population. In New Jersey, the total number of non-institutionalized developmentally disabled residents is likely to range from a low of 55,000 persons to a high of 94,500. Additionally, by including mentally retarded persons currently living in state-operated institutions, approximately 6,400 persons can be added to these figures. Therefore, the total number of developmentally disabled residents in New Jersey ranges from 61,400 to 100,900 persons.

As discussed, the SIE data did not include individuals two years of age and younger. In the absence of any data on this age group, the zero through two population was assumed to have the same prevelance rate as three and four year olds.

In an attempt to better estimate the preschool population, birth defect registration data gathered by the Department of Health's Special Child Health Services Program (SCHS) were scrutinized to identify the number of children registered with conditions which could be considered developmental disabilities. New Jersey state law requires all infants born with a birth defects or disabilities be registered with the Department of Health to assure that each child receives necessary health services.

The department's 1981-82 registries were examined, and approximately thirty conditions were identified as potential developmental disabilities. A sample of some of the conditions which were identified include: cystic fibrosis, cerebral palsy, epilepsy, autism, spina bifida, paraplegia, muscular dystrophy and osteogenesis imperfecta. The total number of children between the ages of zero through four who were registered as having any one of the thirty identified conditions was 1,972. Of these, 239 were under one while 1,733 were one through four years of age.

The major drawback to this data is an undercounting of children with mental retardation in the zero through four age group. Additionally, there are a number of children who are potentially developmentally disabled who have never been registered. These figures do, however, provide the minimum number of children statewide who need, or will need, services to ameliorate the effects of a disabling condition.

1.3 How do developmental disabilities affect individuals?

By nature of the federal definition of a developmental disability, service needs of this population will be multiple and long-term. Additionally, services must be provided in a coordinated fashion in order to be effective. In planning services to the developmentally disabled population, the changing service needs of developmentally disabled individuals must be recognized. As the individual with a developmental disability grows, services must be available which respond to the particular needs of his or her age group.

For the purposes of this plan, specific services which should be available to all developmentally disabled individuals have been divided into two categories: direct services and support services. Direct services include residential services, day programs and employment programs. Support service needs include identification services, case management, treatment services and family/program support services.

DIRECT SERVICE	DEFINITION
A. Residential Services	
1. Domiciliary Care	Domiciliary care services are the provision of away-from-home living quarters, supervision and personal care to developmentally disabled persons needing 24-hour supervision. Domiciliary care differs from special living arrangements by degree of supervision and amount of personal care provided to the individual.
2. Special Living Arrangements	Special Living Arrangements are settings for the provision of community-based residential services for developmentally disabled persons who need some degree of supervision, but who do not require the more intensive services provided by a large-scale institution.
B. Day Programs	
1. Day Care	Day care services are the provision of comprehensive and coordinated activities providing personal care and other services to pre-school, school-age and adult developmentally disabled individuals. The services are provided outside of the residence for a portion of the 24-hour day. Services include creative, educational, social, physical and learning activities designed to provide at least training, counseling, personal care and recreation services. Careful supervision is provided. Day care services for pre-school age and school-age children are likely to emphasize recreation activities and maturation of the children in order to supplement services being provided by parents or guardians. Day care for adults is likely to emphasize the development of daily living and social skills to make the individual as independent as possible.
2. Education	Education services are the provision of structured learning experiences based on appropriate evaluations and taking place within the least restrictive environment. Curriculum should be designed to develop ability to learn and acquire useful knowledge and basic skills and to improve the ability to apply them to everyday living. Education services are to be provided to every age group.

3. Training	Training services are the provision of a planned and systematic sequency of instruction to: 1) develop skills for daily living, including self-help, motor skills and communication; 2) enhance emotional, personal, and social development, and 3) provide experiences for gaining occupational and pre-vocational skills. Training services should be based upon appropriate evaluation of the individual and objectives designed to meet the needs of the individual.
4. Employment Programs	Sheltered employment services are the provision of activities involving work evaluation, occupational skills, training and paid employment for those who cannot be absorbed into the general labor market because of their disability. Other kinds of employment services may include private industry programs to train and employ the disabled. Such programs are not generally applicable to the needs of the substantially handicapped.

SUPPORT SERVICE	DEFINITION
A. Identification Services	
1. Diagnostic Services	Diagnostic services are the provision of coordinated services, including but not limited to medical, psychological, social or other services necessary to identify the presence, cause and extent of a developmental disability.
2. Assessment	Assessment is the systematic appraisal of physical, psychological, vocational, educational, cultural, social, economic or other characteristics of the individual to determine: 1) the extent to which the disability limits or can be expected to limit his or her daily living and work activities; 2) the extent to which the disability can be minimized through the provision of services; 3) the nature and scope of the services needed; and 4) objectives which are commensurate with the individual's needs, interests and capacities.
3. Information and Referral	Information and referral is the provision of a current and complete listing of all appropriate resources which are available and accessible to the developmentally disabled person, his or her family and professional serving developmentally disabled individuals.
B. Case Management	
1. Counseling	Counseling is the provision of professional guidance made on the basis of evaluation in order to achieve goals which are mutually agreeable to counselor and client.
2. Protective Services	Protective services are the provision of a system of legal, social and other services to help developmentally disabled individuals exercise their rights as citizens and to assist those who are unable to protect themselves from neglect, exploitation or other hazardous situations.
3. Follow-Along	Follow-along is the life-long continuation of evaluation and counseling with the developmentally disabled individual in order to assure that changing needs are recognized and met.
4. Crisis Intervention	Crisis intervention is short-term assistance to help deal with physical, emotional, psychological, behavioral or programmatic situations which, if not ameliorated could result in placement in a more restrictive setting and/or regression of the individual.
C. Treatment	
1. Medical 2. Dental 3. Speech, hearing, occupational and physical therapy	Treatment services are interventions designed to halt, control or reverse conditions which cause or complicate developmental disabilities. Such interventions may include: surgery, provisions of prosthetic devices, dental treatment, physical therapy, occupational therapy, speech and hearing therapy, and other medical and medically oriented treatments needed by the individual.

D. Family/Program Support Services

1. Recreation Services	Recreational services provide for planned and supervised activities designed to: 1) help meet the individual's therapeutic needs for self-expression, social interaction and entertainment and 2) develop skills and interests leading to constructive and enjoyable use of leisure time.
2. Transportation	Transportation is the provision of travel and travel cost to transport developmentally disabled persons and, where necessary, members of their families to sites where they are receiving services.
3. Personal Care	Personal care services are provided in conjunction with other services in order to provide for the health and well-being of the individual. Such services include the provision of food, clothing, bodily care, home care and companionship.
4. Respite Care	Respite care provides residential, personal, and whatever other care is necessary to a person with a developmental disability on a short-term basis (one weekend to three months).
5. Income Maintenance	Income maintenance is the provision of money to individuals or families to provide or supplement income.

1.4 What is the "developmental disabilities basic state grant program"?

Given the wide range of services required by developmentally disabled individuals, the Developmental Disabilities Basic State Grant Program was designed to provide a state level system to coordinate, monitor, plan, and evaluate services. While this is a federally assisted program, the intent is for individual states to perform these functions, as service delivery systems vary so much from one state to another.

The specific purposes of the Basic Grant Program, as outlined in Section 101 (b) (2) of Public Law 95-602, are as follows:

A. to assist in the provision of comprehensive services to persons with developmental disabilities, with priority to those persons whose needs cannot be covered or otherwise met under the Education for All Handicapped Children Act, the Rehabilitation Act of 1973, other health, education, or welfare programs;

B. to assist States in appropriate planning activities; and

C. to make grants to State and public and private, non-profit agencies to establish model programs, to demonstrate innovative habilitative techniques, and to train professional and para-professional personal with respect to providing services to persons with developmental disabilities . . ."

The program, in its role as advocate, works closely with the state Protection and Advocacy agency to ensure the legal and human rights of developmentally disabled persons.

Section II:

The State Planning Council on Developmental Disabilities

2.1 What is the New Jersey Developmental Disabilities Council?

The New Jersey Developmental Disabilities Council is the primary body located within state government mandated to coordinate and strengthen services available to developmentally disabled persons, as well as to safeguard the rights of persons with severe, long-range disabilities. Council membership consists of individuals with developmental disabilities, immediate relatives or guardians of persons with developmental disabilities, representatives of state agencies providing services to developmentally disabled persons, and local and nongovernmental agencies and groups concerned with services to developmentally disabled persons. As mandated by PL 95-602, at least 50 percent of the Council membership must consist of consumers—persons with developmental disabilities or their parents or guardians. The law further specifies that at least one-third of the consumer membership must have developmental disabilities, and another one-third must be immediate relatives or guardians of persons with mentally impairing developmental disabilities. At least one person must be the relative or guardian of an institutionalized person.

In New Jersey members are appointed by the Governor, with the advice and consent of the State Senate, for three-year terms. Twelve of the members are statutory, official representatives of the following state agencies:

1. Special Child Health Services and Maternal and Child Health program.
2. Department of Community Affairs
3. Department of Higher Education
4. Department of the Public Advocate
5. Division of Comprehensive Health Planning
6. Division of Medical Assistance and Health Planning
7. Division of Mental Health and Hospitals
8. Division of Mental Retardation
9. Division of Public Welfare
10. Division of Special Education
11. Division of Vocational Rehabilitation Services
12. Division of Youth and Family Services

The eighteen consumer members of the Council include at least fifteen persons who are either developmentally disabled or representatives of consumers of services for developmentally disabled persons. Of these consumer members, at least five are persons with developmental disabilities and at least five are individuals who are immediate relatives or guardians of persons with mentally impairing developmental disabilities. One of the consumer representatives of persons with mentally impairing disabilities is an immediate relative or guardian of a person who is institutionalized. To the extent possible, public members are appointed to provide diverse geographical representation to the Council. Each public member serves for a term of three years and until such time as a successor is appointed. The terms are staggered so that the terms of no more than six public members can expire in any given year. Terms begin on July 1, and vacancies are filled for unexpired terms only. Members of the Council may be removed from membership, for cause, by the Governor.

2.2 Who are the Council members?

A list of Council members, organized by category of membership, is provided below:

NON-CONSUMER/PROFESSIONAL MEMBERS

1. Clarence N. York, Ed.D., Council Chairman
   Bancroft School, 437 East Kings Highway,
   Haddonfield, NJ 08033

2. Nickie Berson, Ed.D.
   Institute for Human Services
   Kean College of New Jersey (UAF)

3. Lawrence T. Taft, M.D.
   Department of Pediatrics
   College of Medicine and Dentistry of New Jersey
   P.O. Box 101, Piscataway, NJ 08854

CONSUMERS

1. David H. Blaustein
   517 Pennington Street
   Elizabeth, NJ 07202

2. Lorine C. Fargo
   1243 Inman Avenue
   Edison, NJ 08817

3. Lisa M. Firgau
   83 So. Adelaide Avenue
   Highland Park, NJ 08904

4. Elizabeth Jackson
   68 Kean Street
   Paterson, NJ 07524

5. Dennis Gene Nelson
   29 Garden Street
   Mt. Holly, New Jersey

6. Norman A. Smith
   308 McClellan Avenue
   Trenton, NJ 08610

PARENTS OR GUARDIANS OF CONSUMERS

1. Elizabeth M. Boggs, Ph.D.
   Henderson's Road
   R.D. #1, Box 439
   Hampton, NJ 08827

2. Beatrice Antell
   930 Ridge Road
   Millburn, NJ 07041

3. Bernard Koechlin, Ph.D.
   40 Melrose Place
   Montclair, NJ 07042

4. Paul M. Leeds
   271 Jerome Avenue
   Oakhurst, NJ

5. Patricia O'Connell
   R.D. #2, Marian Drive
   Belle Mead, NJ 08502

6. Carol Schnitzler
   10 Benson Road
   Kendall Park, NJ 08824

7. Serge Sobolevitch, Ph.D.
   College Professor
   96 Jefferson Road
   Princeton, NJ 08540

8. Ruth Tomlin
   407 Narberth Avenue
   Haddonfield, NJ

9. Laura Luhrs
   44 Prospect Avenue
   Woodcliff Lake, NJ 07675

REPRESENTATION OF PRINCIPAL STATE AGENCIES

FEDERALLY ASSISTED PROGRAM	NAME AND POSITION OF MEMBER	NAME AND ADDRESS OF STATE AGENCY
1. EDUCATION OF THE HANDICAPPED	Jeffrey Osowski, Director	Division of Special Education Department of Education 225 West State Street Trenton, New Jersey 08625
2. VOCATIONAL REHABILITATION	George Chizmadia, Director	Division of Vocational Rehabilitation Services Labor and Industry Building John Fitch Plaza Trenton, New Jersey 08625
3. PUBLIC ASSISTANCE	JoAnne F. LaBue, Medical Social Work Consultant	Division of Public Welfare Department of Human Services 3525 Quakerbridge Road Trenton, New Jersey 08625

REPRESENTATION OF PRINCIPAL STATE AGENCIES—Continued

FEDERALLY ASSISTED PROGRAM	NAME AND POSITION OF MEMBER	NAME AND ADDRESS OF STATE AGENCY
4. MEDICAL ASSISTANCE	Ruth Stekert, MD, Chief, Bureau of Child Health Services	Department of Human Services Division of Medical Assistance and Health Services 324 East State Street Trenton, New Jersey 08625
5. SOCIAL SERVICES	Jeff Markowitz, Project Specialist, Teaching Family Programs	Division of Youth and Family Services Department of Human Services 1 South Montgomery Street Trenton, New Jersey 08625
6. MATERNAL & CHILD HEALTH	Barbara Kern, Chief,	Special Child Health Services Department of Health 120 South Stockton Street, CN 364 Trenton, New Jersey 08625
7. CRIPPLED CHILDREN'S SERVICES		
8. COMPREHENSIVE HEALTH	Joseph Kale, Executive Director, Statewide Health Coordinating Council	Division of Health Planning and Resources Development, Department of Health Health-Agriculture Building John Fitch Plaza Trenton, New Jersey 08625
9. MENTAL HEALTH	Maureen D. Borland, Chief Bureau of Transitional Services	Division of Mental Health and Hospitals Capital Place One, 222 South Warren Street Trenton, New Jersey, 08625
10. INSTITUTIONAL MR SERVICES and (11) DEVELOPMENTAL DISABILITIES SERVICES	Eddie C. Moore, Director	Division of Mental Retardation Department of Human Services Division of Mental Retardation Capitol Place One, 222 South Warren Street Trenton, New Jersey 08625

REPRESENTATION OF OTHER STATE AGENCIES

NAME AND ADDRESS OF AGENCY OR GROUP	NAME AND POSITION OF MEMBER	PROGRAM REPRESENTED CATEGORY OF MEMBERSHIP
Department of Higher Education Office of Health Professions Education 225 West State Street Trenton, New Jersey 08625	Priscilla Woolley, Assistant Director Office of Health Professions Education	Department of Higher Education
Department of the Public Advocate Hughes Justice Complex Trenton, New Jersey 08625	Herbert D. Hinkle, Esq., Director	Division of Advocacy for the Department of the Public Advocate
Department of Community Affairs 363 West State Street Trenton, New Jersey 08625	Jackie Stanley, Director Office on Community Recreation for Handicapped Persons	Department of Community Affairs

As the State Planning Council, the New Jersey Developmental Disabilities Council is expected to:

1. Study and review needs and problems of New Jersey's developmentally disabled population and the nature and extent of state and other public and private services for those so handicapped, and to recommend immediate and long-range program and construction priorities;
2. Foster cooperation and communication between state, county, municipal, voluntary and private agencies providing services to developmentally disabled persons to assure that such services are delivered effectively, efficiently and without duplication;
3. Promote public awareness of the needs and problems of persons with developmental disabilities and their related budgetary implications;
4. Review and evaluate no less than once a year the State Plan for Services to the Developmentally Disabled and submit such appropriate modifications as may be required to the United States Secretary of Health and Human Services;

5. Make sure reports, in such form and containing such information, as the United States Secretary of Health and Human Services may reasonably require pursuant to P.L. 95-602 (1978), and keep such records and afford such access thereto as the Governor or the Secretary of Health and Human Services find necessary to assure the correctness and verification of such reports;
6. Review and comment on laws and practices relating to the developmentally disabled population;
7. Propose training and scholarship programs to prepare professionals to work with developmentally disabled individuals;
8. Recommend training and recruitment programs to encourage the employment of developmentally disabled persons;
9. Encourage and support pertinent research efforts and preventative measures;
10. To the maximum extent feasible, review and comment on all state plans in New Jersey which relate to programs affecting persons with developmental disabilities;
11. Inform local government agencies of federal and state programs and requirements concerning developmentally disabled and other handicapped persons and provide technical assistance to such agencies as to methods for participating in such programs or meeting such requirements;
12. Promote the establishment of local commissions on the developmentally disabled and other handicapped for the identification and development of locally-based programs for such persons, and to stimulate planning at the community level;
13. Administer loan and grant programs, if and when funds become available, to enable local agencies, commissions and individuals concerned with handicapped persons to acquire or improve relevant facilities, services and personnel;
14. Undertake at the request of the Governor and the Legislature such activities as may be pertinent for the accomplishment of legislative and executive functions.

The Council has adopted the following policies in accordance with the required function of the Developmental Disabilities Council:

1. In order to encourage service programs for developmentally disabled persons to reflect planned development, coordination and direction, the Council should consult with agencies serving developmentally disabled individuals so as to identify and coordinate their respective roles.
2. Each developmentally disabled person should have alternatives for services which do not disrupt the daily living routine of the person, and contribute to a "normal" lifestyle.
3. Services currently available and those which will be developed in the future, should be dictated by the needs of developmentally disabled individuals rather than medical, diagnostic lables. Diagnostic labels should be considered in only a medical context.
4. Agencies rendering generic services to developmentally disabled persons should be encouraged to expand their services and broaden their scopes.
5. There should be no requirements (explicit or implicit) that a pre-diagnosis be a condition for obtaining diagnostic services.
6. The location of service programs should be in areas accessible to the developmentally disabled population intended to use such services. Improved transportation to service centers and other destinations should be encouraged.
7. Special efforts should be made to maximize resources in the rural portions of New Jersey so that all developmentally disabled groups may receive adequate and appropriate services.
8. Because traditional means of offering services to the urban and rural poor may be inadequate, more efficient means should be used for delivering services to these groups.
9. Eligibility and/or admission requirements should not hamper developmentally disabled people in their attempts to obtain services.
10. An information and referral system should be available to parents and others seeking appropriate services for a developmentally disabled person. This system should be widely publicized and specific information about available services for developmentally disabled persons should be offered.
11. Coordination of facilities, resources and services should be encouraged. An integrated service network if preferred to duplication of services in many instances.
12. Service programs need attention and revisions to better serve pre-school-aged children and adults who have developmental disabilities.
13. Early screening and diagnosis of children suspected to have developmental disabilities should be encouraged.
14. "One stop" case management services appropriate for developmentally disabled people should be developed and implemented.
15. Policies may be added or deleted through an amendment to the State Plan.

In order to fulfill its mandated responsibilities under state and federal law, five meetings of the full Council are held each year. These meetings are open to the public, and in accordance with the New Jersey Open Public Meeting Act, agendas of proposed meetings are published in two New Jersey newspapers (the *Trenton Times* and the *Newark Star Ledger*), are posted on a designated bulletin board at the New Jersey State House, and are filed with the Secretary of State.

Additionally, the Chairman of the Council creates committees, task forces and other suborganizations of the Council as is necessary to carry out its functions. Current standing committees of the Council are:

1. **Executive Committee:** Composed of the Vice-Chairman of the Council, who also serves as the Chairman of the Executive Committee, the Chairman and five other members of the Council who are elected by the Council annually. The Executive Committee is able to act for the entire Council in regards to personnel, budget and other administrative matters. In the event that the entire Council cannot meet, the Executive Committee has the ability to act on behalf of the full Council. The Executive Committee formulates proposed Council policy and actions to be taken by the Council. Final consideration and final determination on policy is left up to the Council as a whole. An Executive Committee meeting can be called by the Chairman at the request of four or more members of the Committee.
2. **Committee on Advocacy:** Works primarily with the Department of the Public Advocate to identify major issues for advocacy activities by the department and the Council.
3. **Committee on Legislation:** Monitors pending legislation, with an emphasis on state-level activity. The committee also identifies major legislative measures which would affect the developmentally disabled population of New Jersey and recommends to the Council action in regard to such measure.
4. **Committee on Personnel:** Provides advice to the Executive Director on personnel-related matters.
5. **Committee on Policy and Planning:** Works with the Council and its staff on the development and completion of planning projects; the development of the annual State Plan; the consideration of annual goals, objectives and priorities; and other planning-oriented activities.
6. **Committee on Public Information:** Provides a resource and advisory function to the Council and its staff in the formulation of public information programs, including those publicizing the Statewide Computerized Referral-Information Program (SCRIP).
7. **Committee on Manpower Needs:** Develops and oversees the Council's continuing efforts to study and plan for manpower training of professionals working with developmentally disabled persons.

2.3 Who are the Council staff?

Within the limits of appropriations, the New Jersey Developmental Disabilities Council is able to employ such staff as it deems necessary to carry out its functions. The Executive Director of the Council performs at the direction of the Executive Committee and the Council as a whole. The staff performs under the direction of the Executive Director. The Executive Director is responsible for seeing that the duties and the functions of the Council are carried out. The Executive Director of the Council is authorized to act on behalf of the Council in emergency situations when it is not possible for the Council as whole or the Executive Committee of the Council to meet.

The staff assists and supports the Council in their planning, public education, information and referral, evaluation and other activities. The following is a synopsis of the title and responsibilities of each current staff position.

1. Executive Director
    a. Recommends policy and work activities to the Council, including preparing agenda and arranging for council and other meetings;
    b. Serves as chief liaison between the Council and State, Federal, and voluntary agencies, and between the Council and the Governor, and legislature;
    c. Obtains and disseminates information about current and proposed federal and state legislation, administrative regulations, and court decisions that relate to the developmentally disabled and to prepare reports and recommendations regarding the same for the Council;

   d. Supervises and directs staff in the collection and analysis of data, development of public information programs, and administration of the Statewide Computerized Referral-Information Program (SCRIP);
   e. Oversees the expenditure of federal funds by the Council and submits reports as required by the federal government or the Governor;
   f. Maintains the Council's records, minutes and files.

2. Planning Specialist
   a. Designs and prepared the State Plan or its revisions, and related reports as required by law;
   b. Coordinates the Council's planning cycle;
   c. Maintains liaison with private and public agencies in order to gather data, secure their input for the State Plan, and stays informed about program changes affecting the developmentally disabled;
   d. Collects and analyzes statistical and other data about developmentally disabled people for inclusion in the State Plan and for other reports;
   e. Assesses the needs of developmentally disabled people for services and identifies service gaps.

3. Communications Specialist
   a. Develops and implements public awareness campaigns concerning people with developmental disabilities;
   b. Prepares a bi-monthly newsletter for general distribution throughout New Jersey;
   c. Prepares brochures, resource guides, handbooks, annual reports, posters, slide-tapes, films and radio spots;
   d. Uses radio, television, newspapers, and other media for disseminating information about the developmentally disabled;
   e. Prepares press releases about Council activities and publications;
   f. Publicizes Council conferences, workshops and other public events.

4. SCRIP Administrator
   a. Supervises and maintains daily operations of SCRIP (Statewide Computerized Referral-Information Program);
   b. Develops and implements innovations on SCRIP program and concept;
   c. Designs reporting methods, questionnaires, and survey techniques;
   d. Supervises and directs the writing of computer programs;
   e. Distributes information about SCRIP to agencies and system users, including teaching people how to use the system;
   f. Keeps records of expenses, use of equipment, use of the system, and other administrative concerns;
   g. Designs data coding procedures and forms.

5. Research Specialist
   a. Assumes responsibility for public educational programs in keeping with the Council's planning-evaluation, coordination and advocacy responsibilities and does related work as required;
   b. Conducts programmatic and statistical research, surveys and studies, compiles and analyzes information for the Council and its committees.
   c. Develops and writes related reports and other materials for approval by the Council.
   d. Performs extensive research and analysis of programs of other State agencies, Federal and State legislation and regulations with emphasis on the effect they have on the Council's responsibilities and objectives;
   e. Establishes and maintains relations with public and private agencies, organizations, and the general public, in order to enlist support and understanding of the Council's programs and goals;
   f. Prepares clear, sound, accurate and informative programatic, statistical, technical and other reports containing findings, conclusions and recommendations for the Council and its committees;
   g. Provides other administrative assistance to the Council and the Executive Director.

There are currently two assistants, and three secretaries who aid the Council's professional staff.

COMPOSITION OF THE STATE PLANNING COUNCIL STAFF

1. Council Chairperson: Clarence N. York, Ed.D. (name) 108-110 North Broad St. (contact address) (609) 292-3745 (phone)

2. Executive Director: Catherine Rowan (name) 108-110 North Broad St. (contact address) (609) 292-3745 (phone)

3. Other Staff positions and related responsibilities are listed below:

(name)	(title)	(contact address)	(phone)
Jenny-Ann Kershner	Planning Specialist	108-110 North Broad St.	(609) 232-3745
Virginia Morgan	Communications Specialist	108-110 North Broad St.	(609) 292-3745
Gretchen Jacobs	Research Specialist	108-110 North Broad St.	(609) 292-3745
Patricia E. Krupka	Administrator, SCRIP	108-110 North Broad St.	(609) 292-3745
Janette Price	Secretary	108-110 North Broad St.	(609) 292-3745
Robert Reese	Secretary	108-110 North Broad St.	(609) 292-3745
Ann Marie Perelli	Secretary, SCRIP	108-110 North Broad St.	(609) 292-3745
		108-110 North Broad St.	(609) 292-3745
Ellen Belknap	Professional Assistant, SCRIP	108-110 North Broad St.	(609) 292-3745

Section III:

The Administering Agency for the Developmental Disabilities Program

3.1 What is the designated state administering agency?

Under the Developmentally Disabled Assistance and Bill of Rights Act (PL 95-602) funds are made available to states for innovative service projects. The New Jersey Developmental Disabilities Council has designated the New Jersey Division of Mental Retardation as the state agency responsible for administering these service grants. Governed by the Council's goals and objectives, grants are made on a yearly basis to agencies providing direct services to developmentally disabled individuals. Within the Division of Mental Retardation, the Office of Grants Management is the unit with direct responsibility for implementing service grants.

Implementation activities are identified through an exchange among consumers, service providers and the administering agency. To provide strong consumer input, service grant proposals are solicited from the community-at-large. Consideration is given within the broadest interpretation of the goals and objectives of the Developmental Disabilities Council. The Letter of Intent process allows for the development of program design at the service level as well as in the planning agency. Broad guidelines based on Council priorities, rather than requests for specific programs, are used to encourage innovative project proposals.

The implementation role of the Division of Mental Retardation shall include, but not be limited to:

I. Identifying potential service grant applicants.

   A. Preparing an informational mailing list which includes agencies with potential and/or demonstrated interest in receiving Developmental Disabilities Service Grant Funds.
   Examples: Past grant applicants, providers indentified through inquiry or contact through previous grant years, and others.

   B. Using field contacts of the New Jersey Developmental Disabilities Council and its associated agencies.

   C. Publicizing in the Council's newsletter, *Interface.*

II. Providing technical assistance to service agencies in areas where service gaps are indicated either by experience of the Division of Mental Retardation or the needs assessment conducted by the Council.

III. Assuring the development of appropriate distribution of services throughout the State of New Jersey

   A. Attending to the problems of the rural and urban poor as subsystems in need of special considera[illegible]

   B. Attending to the problems of achieving continuity among developing service agencies.

IV. Locating appropriate continuous and stable alternative funding mechanisms to provide for program continuity for grantees.

V. Providing monies to assist in program development and/or enhancement through the allocation of service grants for Plan Year 1984 which are awarded to agencies by the Division of Mental Retardation according to the goals, objectives and strategies of the Developmental Disabilities Council.

The basis for all service grant activities of the Division of Mental Retardation are the designated goals of the New Jersey Developmental Disabilities Council. Setting priorities from these goals is managed by the Office of Grants Management within geographic and geopolitical service areas (i.e., counties). Information concerning the service categories designated as priorities of the New Jersey Developmental Disabilities Council is included in materials circulated to potential applicants so that they may better understand the types of service to receive funding.

The time frame for projects funded during Plan Year 1984 will be September 30, 1983, through September 29, 1984. The granting schedule is:

4/83—Goals and Objectives for fiscal year 1984 approved by the New Jersey Developmental Disabilities Council.

12/83—Requests for Letters of Intent issued.

2/84—Letters of Intent received by Division of Mental Retardation.

5/84—Applications received by the Division of Mental Retardation.

6/84—Grants awarded.

9/84—Grants take effect.

The process and procedures to be followed in established service activities are outlined below.

SEPTEMBER THROUGH OCTOBER

I. Analyze, advertise and implement the goals and objectives of the New Jersey Developmental Disabilities Council.

A. Review FY 1984 State Plan policies and plans for awarding service grants.
   1. Note geographical distribution of service needs and designated important of objectives.
   2. Note goal assessment and priority assignments.
   3. Note all changes, adaptations, and revisions of the State Plan.

B. Review FY 1984 Division of Mental Retardation policies and plans for awarding service grants.
   1. Note geographical distribution of needs and priorities.
   2. Note goal assessment and priority assignments.
   3. Note all changes adaptations and revisions.

NOVEMBER

C. The Council will review previous year's grants management process to recommend changes, if needed. Particular attention will be paid to:
   1. The grant proposal solicitation process based on previously mentioned geographical distribution of service needs.
   2. Relevant material regarding federal regulatory changes or State Plan revisions.

D. The Council will review a summary prepared by the Division of Mental Retardation on previous year's grant actions (grants which ended September 29, 1983). Recommendations to improve congruency will be made to the Division of Mental Retardation, if needed.

DECEMBER

E. The Division of Mental Retardation will implement recommendations made by the Council regarding grant solicitation process and any changes required by federal regulations or State Plan revisions.

F. Issue invitations to submit Letters of Intent.
   1. Provide standard format to potential applicants.
   2. Provide summary of Developmental Disabilities Council goals and objectives.
   3. Provide information concerning limitations and capabilities inherent in the service grant system.

FEBRUARY

G. Receive Letters of Intent and process proposals.
   1. Examine each Letter of Intent in light of identified service gaps.
   2. Consider needs relative to proposals and resources available for each goal.
   3. Where possible, refer applicants to more appropriate sources of funding.

H. Notify agencies submitting Letter of Intent of the Division of Mental Retardation's analysis.
  1. Tell agencies whose applications appear inappropriate the reason(s) why their proposals seem unsuitable. Allow for response from applicant.
  2. Inform all applicants whose proposals meet minimum guidelines concerning goals and objectives. Include with notification, materials necessary to produce a standard application for a service grant by the specified date.
  3. Share consolidated data with the Developmental Disabilities Council regarding content, distribution, program nature and goal applicability of Letters of Intent. Prepare a plan jointly with the Council which would initiate projects where there are service needs but not adequate proposals.

MAY

I. Receive applications—review and analyze proposals.
  1. Categorize applications by geographic service area.
  2. Order each area's applications by Priority Service Area.
  3. Evaluate according to State Plan monetary allocations.

J. Assessment and analysis of each proposal.
  1. Analyze with respect to other applications addressing the same need.
  2. Prepare written documentation of reasons for recommendation of acceptance or rejection.

JUNE

K. Present final service grant list to the Developmental Disabilities Council.
  1. Describe proposals which are not approved. Reasons for disapproval would include:
    a. poor relationship to goals and objectives.
    b. fiscal drawbacks.
    c. inappropriate regional distributions.
  2. Describe proposals which are approved for such reasons as:
    a. goals and objectives are met.
    b. fiscal responsibility suggested and/or demonstrated.
    c. enhancement of service delivery.

L. Review and prepare administrative materials for approved grants and notify grantees.
  1. Outline fiscal responsibility and reporting procedures.
  2. Outline program responsibility and reporting procedures.
  3. Tell grantees that the funding is for one year. The grant shall run from September 30, 1984 through September 29, 1985.

H. Grants Begin.

II. Provide for the administration of a standard procedure when applicants for service grant funding have reason to seek reconsideration of a decision by the Grants Management Office.

A. When appealing a decision:
  1. The applicant may petition the Administering Agency for an INFORMAL HEARING. This hearing is managed by the Office of Grants Management.

B. If the decision reached at the INFORMAL HEARING does not resolve the impasse.
  1. The applicant may petition the Administering Agency for a FORMAL HEARING. This hearing is managed by the Director, New Jersey Division of Mental Retardation and may involve the Deputy Director and any or all of the staff members involved.

C. If the decision reached at the FORMAL HEARING does not resolve the impasse:
  1. The applicant may request that the Department of Human Services implement its FAIR HEARING PROCEDURES. The presiding officer will be named by the Commissioner, Department of Human Services.

III. Evaluation of programs funded with service grants.

A. On-site inspection.
  1. Conduct fiscal audits (using personnel of the Division of Mental Retardation's Office of Mangement Operations) to monitor funding procedures.
  2. Conduct program evaluations, using the staff of the Grants Management Office.

B. Periodic Reporting
1. Require fiscal reports to be submitted in standard form for monthly review of the Office of Grants Management.
2. Require program reports to be submitted in standard form monthly to the Office of Grants Management.

C. Administering Agency Reporting Responsibilities.
1. Prepare all fiscal documents through the Office of Grants Management.
2. Prepare service grant evaluations and digest of field observations through the staff of the Office of Grants Management. Provide review for the Council's Planning, or its Executive and Program Audit Committees, on service grants.
3. Monitor Individualized Habilitation Plans (IHP).

D. Program Audit Committee.
1. Responsible for looking at selected samples of those projects funded by Developmental Disabilities service grants to ascertain what impact such projects have on the overall service network.
2. Responsibile for looking at the Division of Mental Retardation to monitor their performance in implementing the goals and objectives of the annual State Plan for Developmental Disabilities.

As the agency designated to administer for the New Jersey Developmental Disabilities Council, the Division of Mental Retardation employs three staff persons within its Office of Grants Management to provide administrative support to the Council and to adminster service grant awards. Provided below is a list of the staff of the Office of Grants Management:

Greg Miller	Supervising Program Development Specialist
Juan Lopez	Contract Administrator II
Diane Gettler	Contract Administrator II
Diane Gerhart	Clerk Stenographer

The office is located at:

Division of Mental Retardation
Capital Place One
222 South Warren Street
Trenton, New Jersey 08625
(609) 984-7351

Section IV:

The State Context

4.1 What is the environment in which the developmental disabilities program operates in New Jersey?

The quantity, quality and location of services for developmentally disabled persons will depend upon a number of factors. Quantity and quality is affected by the economic and political climate in New Jersey and the nation. Additionally, the structure of the service system (i.e., who has responsibility for what services) will impact upon the availability of services to developmentally disabled persons. These issues must be reflected in planning for services to persons with developmental disabilities.

4.1.1 Issues and concerns which influence services for people with developmental disabilities

In New Jersey, as in almost every state, funding for programs serving developmentally disabled persons needs to be increased in order to develop, expand and improve services. Federal budget cuts, while not as severe as was initially anticipated, has limited the growth of many programs and eliminated others. The threat of future cutbacks has led a number of agencies to adopt a "program maintenance" policy, in that program expansion is not considered. Given the service gaps identified in the plan, this attitude will serve to hamper progress toward the existence of a comprehensive network of services for developmentally disabled citizens of New Jersey.

The structure of the developmental disabilities service system in New Jersey has great impact on the availability and accessability of services to severely handicapped persons. As becomes evident from a review of the developmental disabilities service network, a variety of agencies provide services to developmentally disabled persons in New Jersey. These agencies operate independently of one another and in many instances are unaware of what services and resources other agencies represent. This has led to a fragmented service system which is quite difficult for potential service recipients to understand and access. On a systems level, this fragmentation leads to duplicative services, wasting precious financial and staff resources.

In one response to limited resources and the waste inherent in a fragmented service delivery system, the New Jersey Department of Human Services is moving to decentralize planning and resource allocation decisions to the county level. The department is encouraging each county to develop a Human Service Advisory Council to identify human service needs and priorities, define the local service system, and make recommendations to the state as to the allocation of resources. This movement has the potential to profoundly impact upon the way in which social services are delivered in New Jersey.

The Department of Human Services hopes that by allowing the counties to plan for services, three goals will be achieved. First, administrative functions and service delivery will improve through a consolidation of services where indicated, a more efficient allocation of available resources and the provision of more relevant services. Again, it is assumed that local human service representatives are in a better situation to make recommendations in this area than is the state.

Next, the state hopes to improve its relationship with counties as this process will more clearly define the role of both the state and counties in service delivery. Additionally, the state will have direct line of communication to counties, and vice-versa, through the County Human Service Advisory Councils. Also, as the County Human Service Advisory Council will be responsible for developing program and resource recommendations, this process will allow for a greater degree of local influence.

Finally, it is the department's priority that services needed by vulnerable and disabled persons are protected in any service reductions. The department believes that counties will be better equipped to set priorities which will ensure that the most needy and/or disabled persons are not adversely affected by limited resources.

The participation of a cross-section of the county population is necessary in order to ensure these councils are influenced more by the needs of its residents than by the political atmosphere. Therefore, it is crucial developmentally disabled persons and those providing services to developmentally disabled individuals be a part of these councils in each county.

The geographic dispersion of the developmentally disabled population of New Jersey is another factor affecting service delivery. In New Jersey, 89 percent of the population resides in urban or suburban areas, while 11 percent reside in rural areas. Relatively small numbers of persons scattered over a large geographic area makes service delivery more difficult and costly in rural communities. Thus, urban areas tend to have more opportunities for employment, integrated living and other services and programs. It is crucial, therefore, that in planning for service delivery across the state, special emphasis is given to the differing demands which are placed upon service systems operating in a rural area.

Outreach activities must be heightened in rural areas as persons living in these areas are frequently more isolated than those in urban areas. Additionally, transportation is even more of a problem in rural communities than in urban. Mass transportation is frequently non-existent, meaning providers must give serious consideration to either providing transportation to programs, or having satellite program centers throughout a service area rather than one central location. Both options result in more costly services.

Finally, the number of minority persons residing in New Jersey must be addressed in planning for services. According to 1980 census data, minority persons make up 24 percent of New Jersey's population. In Essex County, more than half the residents are from a minority group. Programs are frequently not as accessible to minority persons as non-minorities. Lack of finances, transportation, awareness and language differences combine to make it more difficult for minority persons to become involved in services ostensibly available to them. Service planning must take into account the location and number of minority persons in a particular service area and then target outreach efforts toward these groups.

It is evident there are a number of issues which must be taken into account in planning services to developmentally disabled persons. Population characteristics, demographics, funding levels and the structure of the service system all impact upon the way services are planned and delivered. As a part of the planning process, the Developmental Disabilities Council establishes goals, objectives and specific activities, all of which are designed with these issues in mind.

4.1.2 The scope of services for persons with developmental disabilities

Services are available to individuals with developmental disabilities through public and private agencies. The majority of the agencies do not serve developmentally disabled persons as the only target group, but rather include developmentally disabled persons as one part of a broad group of eligible individuals.

Agencies which comprise the public service network are those located within the various departments of state government. While each agency in the public service network is organized and administered independent of one another, they all include developmentally disabled persons as a part of their target population.

Private agencies are organized in a variety of ways. Some provide specialized services for which all developmentally disabled persons are eligible, while others serve only a particular segment of the developmentally disabled population, such as persons with cerebral palsy or mental retardation. Many services are provided by private agencies under a contract with state agencies. For instance, Adult Activity Centers and Work Activity Training Centers are administered by private agencies under contract with the state Division of Mental Retardation and the Division of Vocational Rehabilitation Services, respectively.

Each agency in both the public and private sectors provide some needed service(s) to selected segments of the developmentally disabled population. Together, these agencies comprise the network of services for developmentally disabled citizens of New Jersey.

Upon a review of the public service agency chart (4-1) it is evident that a number of service resources exist for developmentally disabled citizens of New Jersey. Handicapped children are eligible for comprehensive health and education services through the Departments of Health and Education. Developmentally disabled children whose diagnostic category includes mental retardation and autism are eligible for comprehensive social services through the Division of Youth and Family Services and the Division of Mental Retardation. Developmentally disabled adults whose diagnosis is mental retardation or autism are eligible for a wide range of services provided by the Division of Mental Retardation. Income maintenance for eligible persons is available through the Division of Public Welfare, while assistance in medical, rental, and transportation payments is provided through the Division of Medical Assistance and Health Services, the Rental Assistance Program, and New Jersey Transit, respectively. Vocational Training for developmentally disabled adults is available through the Division of Vocational Rehabilitation Services, while emotionally handicapped persons of all ages are served primarily through the Division of Mental Health and Hospitals. Information and referral specifically designed to serve developmentally disabled persons is available through SCRIP, and as its name indicates, the Division of Advocacy for the Developmentally Disabled provides advocacy services to all developmentally disabled citizens of New Jersey.

This section will identify those key public agencies providing services to severely handicapped persons. Additionally, an attempt was made over the past year to expand the number of private agencies included in the plan. A discussion of gaps in services, along with Council activities directed toward filling those gaps, will follow the agency descriptions.

The public agency descriptions include the following agencies:

Department of Community Affairs
Office of Recreation
Rental Assistance Program

Department of Education
Division of Special Education

Department of Health
Maternal and Child Health Program
Special Child Health Services
Women, Infants and Children Supplemental Food Program

Department of Human Services
Division of Medical Assistance and Health Services
    Early and Periodic Screening, Diagnosis and Treatment Program
Division of Public Welfare
Division of Mental Health and Hospitals
Division of Mental Retardation
Division of Youth and Family Services
Statewide Computerized Referral-Information Program
Social Service Block Grant

Department of Labor
Division of Vocational Rehabilitation Services

Department of the Public Advocate
Division of Advocacy for the Developmentally Disabled

Department of Transportation
Office of Public Transportation Services

New Jersey Transit
Reduced Fare Transportation Program
Section 16 (b) (2) Program

University Affiliated Facility
University Affiliated Facility-Rutgers Medical School

The agency descriptions which follow include information on the target population, budget and scope of services for each agency. Wherever possible, agencies were asked to estimate, of the total clients served, the number with developmental disabilities. Additionally, staff resources were determined.

While many services are available through public agencies, gaps in services to developmentally disabled persons still exist. Many private service agencies were developed specifically because a needed service was not available, or was only available to a certain segment of the developmentally disabled population. In contrast to public human service agencies whose eligibility requirements are governed by law, private agencies have more flexibility in determining the client population they serve. In many cases, eligibility for service is governed more by the potential client's suitability for available programs than by whether or not the client meets strict eligibility criteria. This has resulted in private agencies serving a broad spectrum of disabilities. One can find many mentally retarded persons, for instance, being served in a program ostensibly developed for individuals with cerebral palsy. These agencies are regarded as an integral component of the service network, and state agencies purchase necessary services for their eligible clients from them on an ongoing basis.

Department of Community Affairs

Services and Resources of the Office of Recreation

Located in the Department of Community Affairs, the Office of Recreation, Bureau of Community Resources, administers three programs concerned specifically with recreation opportunities for handicapped people. The three programs are as follows:

1. Office on Community Recreation for Handicapped Persons.
2. Handicapped Person's Recreational Opportunities Program.
3. Athletics for the Handicapped.

Office on Community Recreation for Handicapped Persons

Programs of this office are directed toward improving recreational opportunities for handicapped persons through the implementation of in-service education and training programs. During FY '84 the Office on Community Recreation for the Handicapped will concentrate on programs that implement the recreational components of PL 94-142 (The Education for All Handicapped Children Act).

Also provided by this office is technical assistance to agencies, parents and consumers by way of information and referral in locating, developing, expanding and evaluating recreation programs for disabled persons.

The budget for this program is $62,000 which is federally funded through a grant from the Office of Special Education and Rehabilitation Services.

Handicapped Person's Recreational Opportunities Program

This program provides financial assistance to municipalities and counties to provide specialized recreation programs for handicapped persons. Two types of recreation programs are provided: (1) special events and (2) continuous integrated recreation programs. These programs are provided in the least restrictive environment for the handicapped person, as they are a part of the municipality's or county's overall recreation program.

Grants are awarded in the amount of $5.00 for each $1.00 appropriated by the approved municipality or county. Grants totaling $150,000 were awarded in FY '83. Any county, municipality, school district or private non-profit agency may apply. However, all applications must be made through a political subdivision. Since 1979, approximately two hundred grants have been awarded.

Athletics for Handicapped

The purpose of this program is to increase the availability of competitive athletic activities for handicapped persons. Specifically, financial and technical assistance is provided to the Special Olympics, Tournament of Champions programs and the Association of Blind Athletes of New Jersey. The budget for this program is $125,000.

Additional information on these programs may be obtained at (609) 984-6650.

Services and Resources of the Rental Assistance Program

The Rental Assistance Program, located within the New Jersey Department of Community Affairs, administers a Section 8 Existing Housing Program established under the Housing and Community Development Act of 1974. The program assists lower income families to secure decent, safe and sanitary rental housing. This is made possible by assuring that no family in the program pays more than 30 percent of its monthly income toward the total monthly cost of rent and estimated utilities. The difference between the families' rental payment and actual rent for the unit is paid directly to the family's landlord each month by the Rental Assistance Program. Rentals for housing units included in the program must be within "fair market rent" limits set by HUD.

Although the program makes reference to lower income "families," single individuals who are 62 years of age or older, disabled, handicapped or displaced are eligible if they meet the income requirements set by the U.S. Department of Housing and Urban Development. Income limits for eligibility are determined according to the size of the family and the county in which the family (or individual) lives.

The Rental Assistance Program serves the following nineteen counties: Atlantic, Bergen, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren.

The goals of the Rental Assistance Program are as follows:

1. To provide people with limited incomes the opportunity to pay a fair amount for housing while living in the area of their choice.
2. To reserve 20 percent of all units specifically for handicapped and/or elderly people, including the developmentally disabled.

To be eligible, a handicapped person must earn an income which is below the level set by the U.S. Department of Housing and Urban Development (HUD). Generally, any mentally or physically handicapped person paying over thirty percent of his or her income for rent is eligible. Additionally, federal regulations allow for the Rental Assistance Program to fund handicapped individuals living in group homes.

The Rental Assistance Program is only one of the agencies administering Section 8 funds. There are many local agencies, most of them municipal or county housing authorities, which also administer the program. Persons who live within the jurisdiction of a local agency must first apply to the local housing agency. However, these local agencies are not required to set aside units specifically for the handicapped. Thus, it is reasonable to assume that most handicapped persons receiving Section 8 Rental Assistance are clients of the Rental Assistance Program.

In addition to the Section 8 Rental Assistance Program, the Rental Assistance Program is currently administering a Section 8 Moderate Rehabilitation Program to assist in the rehabilitation of buildings that require a moderate amount of restoration to meet established standards for housing. Buildings whose population is eligible for Section 8 funding qualify for the Moderate Rehabilitation Program. Eight hundred and forty-two units are currently funded under this program.

Of the 5,927 units currently funded under the Rental Assistance Program, 974 units have been reserved for handicapped persons. These units are in Bergen, Camden, Essex, Hudson, Middlesex, Monmouth, Somerset, Union and Warren Counties. In addition, the program reserves at least 20 percent of the remaining 4,953 units, approximately 991, for handicapped and/or elderly persons. Thus, approximately 1,965 units are potentially available to developmentally disabled individuals, as well as other handicapped and/or elderly persons. While it is not possible to determine exactly how many participants in the Rental Assistance Program are developmentally disabled, the program estimates that approximately 25 percent of its total units are utilized by handicapped persons.

The Rental Assistance Program is totally funded by the U.S. Department of Housing and Urban Development. The budgetary allocation for the program is contingent upon the number of housing units that are made available. The total agency budget for FY 1983 is $21,091,561. The average yearly per capita rental assistance payment is estimated to be $3,000.

Twenty-two administrative personnel are located in the central office in Trenton. A total of 40 field staff are employed by the Rental Assistance Program. These staff members, who are considered para-professional personnel, are located in each of the counties in which the program operates. There are 25 field service coordinators in the state. While field coordinators may refer program participants to landlords that have vacancies, clients must find their own apartments.

Evaluation activities include making special studies of various issues to justify requests for realistic Fair Market Rents and Annual Adjustment Factors. In the current fiscal year, ongoing rent surveys have been undertaken in almost every county. Evaluation techniques also include solicitation of information from tenants and landlords concerning the quality of services provided. Field supervisors distribute a follow up questionnaire to tenants and landlords after six to twelve weeks in the program in order that they may evaluate the program's weak and strong points (including questions dealing with both the standard of housing and personnel effectiveness).

Program policies are reviewed in light of findings from the completed questionnaire. All rental units subsidized under the program must comply with safety, health and accessibility standards. Each unit is inspected annually. The program also conducts periodic spot checks on housing quality standards and the effectiveness of tenant/landlord briefings.

To ensure staff competency, the Rental Assistance Program requires that all field staff members take a HUD authorized housing quality standard course. In addition, an effort is made to direct staff into relevant workshops and conferences sponsored by other agencies. Training money is available for education based on the relevance of the educational program to the job title.

Department of Education

Services and Resources of the Division of Special Education

The Division of Special Education is located within the New Jersey Department of Education. The division operates pursuant to the State Constitution and Title 18A:46 of the New Jersey Statutes Annotated. It is also responsible for carrying out the mandates of P.L. 94-142, the Education of All Handicapped Children Act. The division is responsible for the adminstration, planning and supervision of all state-funded special education programs and services for handicapped children in the public schools. Services are provided in order to maintain a thorough and efficient system of free public education in the state. The division also determines the eligibility of private schools to provide educational programs to handicapped students under contractural agreements with local boards of education. Developmentally disabled children are included in the target population of handicapped children served by the division. Local boards of education are responsible for the provision of services to handicapped children. Evaluation and classification of handicapped children are carried out by local child study teams. The basic child study team is composed of a school psychologist, school social worker and learning disability teacher-consultant. Evaluation by a physician is required for classification of a student. Other professionals, including medical and health professionals and teachers, may also be consulted by the child study team. The child's parents must be notified of and agree to the evaluation and classification and placement of their child. A mechanism for appeal and independent evaluation is available to parents who disagree with the decisions of the child study team.

A child is considered educationally handicapped when he or she is physically, emotionally, intellectually or socially impaired to such an extent that special education is necessary in order to function successfully in an educational program. In New Jersey, the following classifications are utilized:

- Mentally Retarded
  (Trainable or Educable)
- Visually Handicapped
- Audiorially Handicapped
- Communication Handicapped
- Neurologically or Perceptually Impaired
- Orthopedically Handicapped
- Chronically Ill
- Emotionally Disturbed
- Socially Maladjusted
- Multiply Handicapped
- Eligible for Day Training
  (Severely or Profoundly Retarded)
- Preschool Handicapped

Local boards of education are required to provide special education programs to students in each classification except for students deemed "eligible for day training." Programs for these children are the joint responsibility of the Department of Education and the Division of Mental Retardation.

During the 1983-84 school year students over three and under twenty-one were the primary target population of the division. A total of $3,800,000 of state and federal funds was used earmarked to provide preschool programs for handicapped children. In FY '83 approximately 160,000 children received special education programs, of which 6,000 were preschool-aged handicapped. Developmentally disabled students are included in the various categories of handicapping conditions.

Due to the recent passage of a bill requiring preschool programs for handicapped children (P.L. 1981, Chapter 415), in the 1983-84 school year the target population the division is mandated to serve has been broadened. The law required local boards of education to identify handicapped children between the ages of three and five and provide them with special education programs and related services. In addition, local boards are responsible for providing information to parents on programs and services available to handicapped children under three years of age. Services for infants under three are the reponsbilitiy of the Department of Education in conjunction with the Departments of Health and Human Services. Funding for services to infants will be phased in over three years as follows:

1,000 infants served in school year 1983-84;
2,000 in 1984-85; and
4,000 in 1985-86.

For FY 1984, the New Jersey Legislature appropriated $1.75 million to the Department of Education for the provision of early intervention programs.

P.L. 94-142 and New Jersey law require that each classified student have an Individualized Education Program (IEP). The IEP is developed by the child study team in cooperation with the pupil's parent(s), teacher(s) and administrator(s) having knowledge of the pupil's education performance and the pupil where appropriate. The Individualized Program consists of two parts: A basic plan section, which consists of summaries of the child study team's findings, and an instructional guide section, which includes a planned schedule, instructional strategies, techniques, activities and any special instructions for media and material which are appropriate to the needs of the handicapped child. The IEP is reviewed annually with the parent(s) and revised as necessary.

The division is also responsible for statewide coordination of planning and implementation of child identification services. Identification activities include Project Child Find, County Screening Programs for preschool-aged children in each of New Jersey's twenty-one counties, and public awareness programs. Project Child Find utilizes a toll-free telephone number (800-322-8174) which is advertised through a statewide multimedia campaign. Approximately 400 children were referred to ongoing projects conducted by local school districts following initial screening at the county level in 1981.

The total FY 1982 appropriation for special education services in the State of New Jersey was approximately $231,585,000. This includes state and local aid and totalling $191,585,000 and federal aid amounting to $40,000,000. The average per capita expenditure for special education services was $4,766.

The total number of personnel employed during the 1982-83 school year for services to the handicapped was 21,810. The specific breakdown of special education personnel was as follows:

Special Class Teachers	4,408
Resource Room Teachers	2,133
Supplemental Teachers	1,200
Preschool Teachers	201
Teachers/Coordinators Gifted and Talented	775
Bilingual/ESL Teachers	582
Voc. Ed. Teachers-Special Education	485
Phys. Ed. Teachers (adaptive)	235
Teachers Aides	2,656
School Psychologists	918
School Social Workers	905
LDTCs	1,091
Speech Correctionists	1,197
School Counselors	1,410
School Nurses	1,591
School Nurse Practitioners	49
School Physicians	255
Psychiatrists	81
Neurologists	69
Ophthalmologists	29
Optometrists	19
Otolaryngologists	8
Audiologists	39
Occupational Therapists	56
Physical Therapists	60
Recreation Therapists	5
Special Education Administrators	457
Other	896

The Division of Special Education seeks to ensure a quality and sequential educational program for each handicapped resident in need of services. It is the policy of the state to require that each agency responsible for providing educational services to handicapped children ensure that those services are provided within the least restrictive environment for the individual child, and are comparable in quality and scope to the services provided to non-handicapped students.

Evaluation of services is done on a continuous basis. Programs are evaluated both quantitatively and qualitatively. Quantitative measures include the number of children needing pre-determined services in relation to the number receiving such services, the number of new programs established to meet specific goals, the amount of funds committed for special projects, and the number of professionals added to staff to increase services.

Qualitatively, evaluation is based on the adequacy of existing programs and in the number of children receiving special education services whose educational impairments are reduced. Another important qualitative indicator used in evaluation is the number of students who are able to obtain employment after special education instruction.

Evaluation occurs at various levels in the system. Each local school district is required to evaluate every three years its own educational programs and services for the handicapped, and to submit to the state, a report on progress in conforming to the goals, objectives and plan of action. The Child Study Supervisor, in each of New Jersey's 21 counties has overall responsibility for the supervision of the special education programs and services of the local school districts in the respective counties they serve. Part of that responsibility involves an annual monitoring of the local educational plan in accordance with the state's Thorough and Efficient law. In addition to the annual thorough and efficient monitoring procedure, the division conducts comprehensive evaluations of a sample of local school districts to determine whether or not procedures and activities of the local district are in fully compliance to all state and federal rules.

The Division of Special Education sponsors conferences and workshops on the special needs of handicapped children. Also sponsored are inservice training programs for staff in the public and private schools.

Department of Health

Services and Resources of Special Child Health Services

Special Child Health Services Program, with a combination of State and Federal funds and under the supervision of the State Department of Health, promotes early identification, evaluation, diagnosis and treatment of children with special health needs and potentially handicapping conditions.

The Program includes the following components:
- Medical/Rehabilitation Services
- Case Management Services
- Genetic Services
- Juvenile Terminal Illness Assistance Program

Any infant or child under 21 years of age with special health needs as a result of a disease, defect or condition which may hinder normal growth and development may be eligible for services provided directly through the program or by agencies which hold a contract with the Program.

To assure that handicapped children have access to necessary services, Program funds are directed to support the development of comprehensive services in those agencies that serve a large population of indigent or medically indigent children.

The program and agencies funded by it utilize sliding fee scales which consider a family's ability to pay for needed services. Other third-party resources, including other governmental agencies which are authorized or under legal obligation to pay for such services, are considered first payor.

Medical/Rehabilitation Services

Birth Defects Registry

State Law requires that all infants born with a birth defect or disabilities be registered with the Department of Health to assure that each child receives necessary health services.

As a result of the registration, parents are contacted either by the program or by a case manager to assure that the child is receiving necessary health services. Individually identifying information is not released except as previously noted.

The registry data is used by the program in its process of planning services. Approximately 600 infants and children are registered each month.

Scope of Services

1. Inpatient Services

   Passage of Chapter 83 of NJSA and its provisions for the reimbursement of hospitals for care to the medically indigent has necessitated that the program revise its methods of supporting inpatient care.

   In 1982, the program announced that it would no longer provide direct financial assistance for coverage of inpatient care for children whose families had no other resources for payment. Instead, the Program is contracting with selected hospitals in the state to liberalize their credit and collection procedures for those children who would traditionally have been eligible for financial assistance.

   These contracts assure access to the following inpatient services; neonatal intensive care, specialized pediatric care and intensive rehabilitation.

2. Outpatient Services

   a. Medical Evaluation/Diagnostic/Treatment Services

   The program is supporting the development of comprehensive evaluation, diagnosis and treatment of children with multisystem diseases [illegible] disorders at three regional centers. A full range of specialty and subspecialty services are available t[illegible]ess the needs of children with chronic pulmonary disorders, cystic fibrosis, hematologic/oncologic diseases, cardiac diseases and disorders, and other multiple handicapping conditions. These centers are located at the three primary teaching hospitals of the University of Medicine and Dentistry of New Jersey.

In addition, the program funds three evaluation and treatment centers for children with craniofacial anomalies including cleft lip and cleft palate.

Child Evaluation Centers are also funded on a regional basis to provide for evaluation of those children who are showing evidence of neuro-developmental problems.

b. Neonatal Follow-up Programs

Support is provided to designated Level III—Regional Perinatal Centers to enhance periodic follow-up of infants who received neonatal intensive care services and who are at risk for developmental disabilities. In addition to this service component, these programs also evaluate the effectiveness of specific forms of therapy and management provided during the perinatal period.

c. Comprehensive Rehabilitation Services

Outpatient rehabilitative services, including physical and occupational therapy and services for children with communication disorders are funded through free standing and hospital based programs. Services in some of these agencies are limited to the 0-3 population of infants at risk for developing handicapping conditions, but the majority provide services to children ages 0-21.

3. Purchase of Equipment, Drugs and Special Services

The program will provide financial assistance toward the purchase of braces, prosthetic devices and hearing aids if a family has no other resources to pay for such equipment.

Drugs for children (and for adults through State Appropriations) with cystic fibrosis are purchased by the program for persons meeting financial eligibility criteria.

Limited support is available for skilled nursing care in the home and other services identified in a child's Individual Service Plan, which are not available from any other state agency. Prior program approval is required for these services.

Case Management Services

To promote a more comprehensive and individualized service for handicapped children, Special Child Health Services established a Case Management Unit within its program. Its focus is directed toward the development of units in county health departments. They are nearer to the child's home, allow a personal, coordinated approach to the use of community services and thereby decrease duplication of services.

For the purpose of the Special Child Health Services Program, Case Management is defined as a system which facilitates the provision of appropriate comprehensive services for handicapped children and their families. These services address the health needs of children. They contribute to the improved development of the child and include his/her educational, emotional, medical and social needs. Severely disabled children, such as those who are SSI recipients and/or those children receiving services from multiple agencies, receive priority.

Case Management as a goal directed system assists the child/family in their movement toward self-actualization through counseling and the development of an Individual Service Plan. This service plan identifies the needs of the child through the use of written objectives. The case manager monitors closely the receipt of services and the progress of the child.

Special Child Health Services Case Management Units are in operation in most of the counties. In counties where case management units have not yet been developed, case management services are provided directly by SCHS program staff.

Genetic Services Program

Voluntary genetic testing and counseling services are available on a statewide basis through a network of service centers funded by the Genetic Services Program. The network includes three major centers located at UMDNJ New Jersey Medical School (at Newark), UMDNJ-Rutgers Medical School and Jefferson Medical College and nine satellite centers strategically located throughout New Jersey. All satellites have a formal affiliation with one of the major centers.

A sliding fee scale is used for all counseling and testing services if other third-party payment resources, including governmental agencies, are not available.

Juvenile Terminal Illness Assistance Program

The Juvenile Terminal Illness Assistance Program provides limited financial support for outpatient clinics providing services to children with cancer.

It is estimated that the Special Child Health Services Program served more than 13,500 children and 9,000 adults (Genetics Program) in FY 1983. The Special Child Health Services employs a staff of twelve professionals. Agency resources for FY 1983 totaled approximately $4.4 million, of which $2.4 million was federal and $2.0 million was state funds. Funds from all Special Child Health Services component programs are limited to health care agencies/facilities which meet the program's criteria for quality care. Services are provided by qualified teams under the direction of physicians who are Board Certified in the appropriate specialty.

For further information regarding program services for a specific child, please contact the program office at (609) 292-5676.

Services and Resources of the Maternal and Child Health Program

The Maternal and Child Health Program is part of Parental and Child Health Services which is situated in the Division of Community Health Services within the New Jersey Department of Health. The main goal of the program is to improve the health of mothers and children in the State of New Jersey, with special emphasis on pregnant women, infants and preschool-aged children. The focus of the program is to prevent major health problems by contracting with local agencies, e.g., private non-profit agencies, health departments, hospitals and medical schools, which provide a variety of health services to women and children. Among the programs provided are pre-natal and perinatal care, child health supervision (routine care including physicals, evaluations, immunizations, etc.), and professional health training.

Eligibility for services is determined by the local agencies under contract to the Maternal and Child Health Program for the provision of services. It is usually dependent upon the family income level and the number of persons per family.

Specific objectives established for the programs include:

1. Provision of Prenatal Care Services to those women who might otherwise have difficulty in obtaining access to such care. Approximately 9,000 women received such services during FY '83.
2. Continued expansion of Child Health Services (child health supervision and immunization). Over the last fiscal year approximately 72,000 children were served by Child Health Conferences; 3,000 were given medical services at the Children and Youth Project in Paterson; and 400 infants were served in the Neonatal Intensive Care Unit in Newark which is partially supported by a grant from MCH.
3. Provision of standards and guidelines and consultations for health services. Updating of standards and guidelines as it becomes necessary.
4. Implementation of preventive measures with the expansion of screening programs for newborns, especially hypothyroid screening. It is estimated that at least 95 percent of the infants born are screened for hypothyroidism and PKU. Additionally, newborns are now also being screened for galactosemia and hearing impairments.
5. Education programs for health professionals. MCH supports courses, regional meetings and other types of education programs for health professionals.
6. Expansion of reporting and review of maternal deaths.
7. Collection, tabulation, review and promulgation of figures on Maternity, Newborn, and Child Health Services. These data are obtained through a variety of direct service agencies such as hospitals, health departments and medical schools.
8. Continued subsidization of Family Planning, Dental and Accident Prevention and Poison Control Programs.

For FY 1983, The Maternal and Child Health Program had an approximate total budget of $3,416,000, all but $73,000 of which is federal funds. There are currently twenty persons employed by the program. The service emphasis is on prevention, with approximately 80 percent of total expenditures on prenatal care.

WIC Program

The Woman, Infants and Children Supplemental Food Program (WIC), located within the Department of Health, provides nutritious food supplements to pregnant, post-partum, and breast-feeding women, and to infants and children up to their fifth birthday, who are determined by competent professionals to be at nutritional risk and who also meet the residency and income criteria. Eligibility for services includes residence in an area served by the local WIC Program and an income lower than 185 percent of the poverty level. Persons are referred to the WIC Program by welfare agencies, other health service programs and community groups. WIC also refers clients to other available health service programs.

In FY '83, the WIC Program served approximately 60,000 women and children, with a total budget of $24 million. Futher information on the WIC Program may be obtained by calling the program office at (609) 292-9560.

Department of Human Services

Services and Resources of the Division of Medical Assistance and Health Services

Within the Department of Human Services, the Division of Medical Assistance and Health Services administers the Title XIX (Medicaid) program in New Jersey. Both federal and state funds are used to pay claims for covered medical services provided to eligible needy persons.

The Division of Medical Assistance has central offices in Trenton and local units throughout the state. The sixteen Medicaid District Offices are listed below.

1. 1 South New York Avenue
   Atlantic City, N.J. 08401
   (Atlantic County)
2. 50 Main Street
   Hackensack, N.J. 07601
   (Bergen County)
3. 50 Rancocas Road
   Mount Holly, N.J. 08060
   (Burlington County)
4. Parkade Building, Room 207
   519 Federal Street
   P.O. Box 1089
   Camden, N.J. 08101
   (Camden County)
5. 501 Landis Avenue-Basement
   Vineland, N.J. 08360
   (Cumberland & Cape May Counties)
6. 155 Washington Street
   Newark, N.J. 07102
   (Essex County)
7. Southwood Shopping Center
   Woodbury, N.J. 08096
   (Gloucester & Salem Counties)
8. 880 Bergen Avenue
   Jersey City, N.J. 07306
   (Hudson County)
9. 84 Park Avenue, 2nd Floor
   Flemington, N.J. 08822
   (Hunterdon, Somerset &
   Warren Counties
10. 1424 South Broad Street
    Trenton, N.J. 08610
    (Mercer County)
11. 75 Paterson Street-Basement
    P.O. Box 1274
    New Brunswick, N.J. 08903
    (Middlesex County)
12. 1200 Memorial Drive
    Asbury Park, N.J. 07712
    (Monmouth County)
13. 10 Park Place
    4th Floor
    Morristown, N.J. 07960
    (Morris & Sussex Counties)
14. 1861 Hooper Avenue
    Toms River, N.J. 08753
    (Ocean County)
15. 100 Hamilton Plaza,
    9th Floor
    Market Street
    Paterson, N.J. 07505
    (Passaic County)
16. 125 Broad Street
    Hersh Towers, 6th Floor
    Elizabeth, N.J. 07208
    (Union County)

The goals of the Division of Medical Assistance and Health Services are:

1. To enable persons eligible for categorical assistance to secure quality medical care and treatment.
2. To formulate optimal standards for authorized health services and for qualified providers.
3. To provide for immediate diagnosis, treatment and correction of acute illness; disease and disability to those determined eligible for categorical assistance.
4. To foster alternative sources and new and improved methods for the delivery of health care services.

The following services are included in New Jersey's Title XIX program: inpatient and outpatient hospital services, laboratory and X-ray services, skilled nursing and intermediate care facility services, physicians' services, Early and Periodic Screening Diagnosis and Treatment (EPSDT) of clients under 21 years of age, home health services, clinic services, including rehabilitation services, nurse-midwifery services, dental services, optometric, podiatric, chiropractic and psychological services, prescribed drugs, prosthetic devices, and hearing aids. Some services require prior authorization from the division.

The purpose of the EPSDT program is to make available to all eligible persons under age 21 early identification of correctable disorders and subsequent referral for diagnosis and treatment. Medicaid District offices and caseworkers at county welfare agencies and district offices of the state Division of Youth and Family Services can provide prospective clients with information concerning the EPSDT Program. Children covered under the Medicaid General program are eligible to receive medical, dental, vision and hearing screening and other needed services including immunization against childhood diseases. Diagnostic and treatment services are provided by participating private physicians, independent clinics and hospitals. Rehabilitative and preventive health care services, including EPSDT, are available to all medical eligible disabled children. The EPSDT program provides for outreaching, informing and support services, where requested, to obtain screening, diagnosis and needed follow-up treatment services.

In late 1983 the division implemented a four-year Statewide Physician Plan (MP Plan), which will provide medical care in a manner different from the present Medicaid system. The plan is classified as a Primary Care Network or a health care delivery system whereby all of the health care for a person eligible for Medicaid is obtained through, but not necessarily from, a single primary care provider. It was developed under guidelines established by the Health Care Financing Administration for funding which led to the inclusion of the following key elements:

1. a private care physician who would be responsible for the provision of all primary care delivery, referral, and ancillary services for non-institutionalized persons eligible for Medicaid;
2. a capitation system of reimbursement, instead of fee-for-service, for a physician participating in the plan as a Physician Case Manager (PCM);
3. a broker concept for marketing, enrollment, grievance system and quality assurance monitoring and plan reporting functions;
4. the stimulation of competition among certain types of Medicaid providers by providing strengthened alternatives to primary care in the hospital Emergency Room (ER) and Outpatient Department setting (OPD).

"Developmentally disabled" is not a specific Medicaid category. However, during FY 1983 the monthly average number of New Jersey residents eligible for Medicaid based on disability or blindness was approximately 65,887. The proposed FY 1984 state appropriation for the Division of Medical Assistance and Health Services is $55,298,969.

Persons who wish to receive Title XIX services must be determined financially eligible by the appropriate agency. The major categories, and respective agencies who determine eligibility, are listed below:

Category of Eligibility:	**Agency Making Determination:**
Aid to Families with Dependent Children (AFDC) and Refugee Programs	County Welfare Agencies
Aged, Blind and Disabled (Supplemental Security Income—SSI)	Social Security Administration
Children in Foster Care	Division of Youth and Family Services (DYFS)
Institutionalized Persons who Require Medicaid Only	County Welfare Agencies make determinations in community institutions, such as long-term care facilities. The Bureau of Local Operations (within the Divisions of Public Welfare) make determinations for patients in state and county psychiatric hospital, including ICF/MR facilities.

Services and Resources of the Division of Public Welfare

The Division of Public Welfare, located within the state Department of Human Services, provides categorical income assistance to eligible individuals. The division supervises and directs the following programs: Aid to Families with Dependent Children, Refugee Resettlement Program, Cuban/Haitian Entrant Program, Home Energy Assistance, Food Stamp Program, and General Assistance Program. All programs are administered by a county welfare agency in each of New Jersey's twenty-one counties, with the exception of the General Assistance Program which is administered by one of 567 municipal welfare departments.

The DPW also administers the Child Support and Paternity program which collected $40,713,031 in FY 1983 for AFDC cases and $101,993,842 for non-public-assistance cases.

Generally, income maintenance for the developmentally disabled is provided under the Supplemental Security Income Program (SSI). The SSI program is administered by the federal Department of Health and Human Services through Social Security Administration District Offices. Title XVI (SSI) provides cash payments to the aged, blind and disabled. The payment levels are supplemented by state/county funds administered, under contract, by the federal Department of Health and Human Services.

SSI recipients also receive Medicaid benefits under Title XIX. Individuals who desire medical care only apply through the county welfare agency for the Medicaid Only program. Individuals with developmental disabilities are eligible to receive SSI providing they meet income and disability criteria. Payment levels are determined by the individual's living arrangements and number of people in the household (individual living alone versus couple).

During FY 1983, 82,700 persons received SSI benefits, of which 52,600 received benefits because of a physical or mental disability.

In FY 1983, total SSI expenditures were $192,397,157. Of this, $168,119,611 were federal funds and $24,277,546 were state/county expenditures. The average monthly state/county supplement to each SSI recipient was $26.00

Detailed information on the SSI program, including applications, may be obtained at a local Social Security Office.

Services and Resources of the Division of Mental Health and Hospitals

The Division of Mental Health and Hospitals of the New Jersey Department of Human Services is charged with the coordination and management reponsibilities for those separate facilities, institutions and services involved in the comprehensive program of mental health in the state. The division contracts with the College of Medicine and Dentistry of New Jersey to operate Community Mental Health Centers in New Brunswick and Newark. The division operates six psychiatric hospitals in the State. They are:

- Greystone Park Psychiatric Hospital
  (Serving Sussex, Passaic, Morris and Bergen Counties)
- Trenton Psychiatric Hospital
  (Serving Hudson Hunderton, Mercer, Somerset and Warren Counties and City of Newark)
- Marlboro Psychiatric Hospital
  (Serving Union, Middlesex, Ocean, Monmouth and Essex Counties except City of Newark)
- Ancora Psychiatric Hospital
  (Serving Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem Counties)
- Brisbane Child Treatment Center
  (All counties)
- Glen Gardner Geriatric Center
  (All counties)

Outpatient community services are provided through clinics located in each county of the state.

The Division of Mental Health and Hospitals is responsible for providing a variety of services in offering a comprehensive program of mental health. These services include: outpatient and inpatient mental health services, transitional (i.e., psychiatric) and emergency services, partial hospitalization (i.e., weekday care), consultation and education, research and evaluation, screening services where courts and other public agencies are assisted to determine the appropriateness of referrals to community mental health centers, follow-up care, transitional halfway house service, alcohol services and drug services, day care for school-age and adult persons, support services involving recreation and transportation, and case management services for protection, both social and legal. Services provided by the division are directed toward those persons who are mentally ill or in need of psychological counseling for crisis intervention services. The main objective of the Division of Mental Health and Hospitals is to provide the best mental health and support services for residents of New Jersey in the most therapeutically productive and humane setting at the hospital and community levels. Services are available to the developmentally disabled at any time providing the individual has a psychiatric problem.

The Division of Mental Health and Hospitals has been engaged in a cooperative venture with the Rental Assistance Program since 1976 to utilize rental assistance subsidy slots under the Section 8 Program specifically for the mentally ill.

The goal of the mental health system is to provide comprehensive services to everyone in need. However, target populations have been established to assure that those who are *most* in need, and/or have traditionally been underserved, receive a reasonable level of service. These priorities are not be be construed as totally exclusionary. State-funded mental health program elements are directed to serve mentally retarded and other developmentally disabled individuals as they would any other person who falls within the priority groups listed in the Division of Mental Health and Hospitals' *Rules and Regulations Governing State Aid Under the Community Mental Health Centers Act.*

During fiscal year 1982, the Division of Mental Health and Hospitals provided services to 138,909 clients; that is 124,300 in community programs supported with state funds, and 14,609 in the public psychiatric hospitals. From information currently available from the division's Unified Services Transaction Form System (USTF), approximately 1,300 individuals were judged as having a developmental disability in addition to a psychiatric problem. The USTF system is a standardized admission and discharge form used by all mental health agencies in the state. By definition, developmental disability includes mental retardation, cerebral palsy, autism and other similar neurological diseases. In addition, it is assumed that most of the 152 children served at the Arthur Brisbane Child Treatment Center and the 190 children served at Trenton Psychiatric Hospital fall within the category of developmental disabled. For FY 1983, $34,268,796 was appropriated to the Division of Mental Health and Hospitals. The appropriation for the operation of the psychiatric hospitals was $127,028,898.

The Division of Mental Health and Hospitals and the Division of Mental Retardation work closely together to ensure that the multiply handicapped and developmentally disabled clients in their service systems receive the most appropriate treatment interventions in the most suitable inpatient and residential settings.

Since July, 1981 the two divisions have had mutually negotiated and endorsed procedures for referring and transferring clients who are in need of alternate services. Those procedures clearly delineate the developmental functions which serve, in part, to define the predominant disability and essential treatment needs of the client.

The divisions are now planning, together, to develop placement sites and screening procedures and centers for clients identified as having dual diagnoses or multiple handicaps.

Program evaluations of all community mental health centers are done at least four times a year. Each operating community health center is required to complete a structural performance report issued by the Department of Human Services. The operating center must ensure the availability of the basic elements of services and compliance with annual contract commitments. The Department of Human Services also conducts a program review of community mental health centers on a periodic basis. Each center must complete an annual consolidated application, used as the basis for the program review. Administrative personnel and designated staff members of the community mental health centers are surveyed to determine whether the centers are operating in accordance with operating standards. Patients' records are examined to assure that quality service is being provided to residents. The level and quality of work the staff performs is examined by utilizing administrative records. Failure of the center to comply with recommendations made in program review reports may result in the suspension of the performance contract and for Grant-in-Aid funds until such time that the center complies with the recommendations.

To ensure proper after-care treatment for each state psychiatric hospital patient, Individual Treatment Plans are written specifying the services to be received from a community mental health center upon discharge of the patient to that community agency. The individual plan is developed outlining the services to be provided to the person to aid him/her in making the transition into the community.

Services And Resources Of New Jersey Division Of Mental Retardation

The Division of Mental Retardation (DMR) is that agency within the state's Department of Human Services that is responsible for providing services to mentally retarded persons residing in New Jersey. Included in these services is residential placement—both institutional and community-based, day programming, case management, and support services, e.g., respite care and homemaker.

Eligibility for services from DMR, whether community or residential is determined at the Regional Office level. In general, to be eligible the individual must be mentally retarded and in need of service at the time the service is requested. The division seeks to provide a continuum of services to mentally retarded persons including institutional and community-based residential care, day programming for children and adults, case management, intervention and support services, information, evaluation, and referral services.

DMR also provides services to autistic adults. The Community Services component of the division currently provides two day programs and has developed three group homes specifically for autistic adults. As recommended by the State Task Force On Autism, the division anticipates expanding its services to the autistic population.

Individual Habilitation Plans are compiled for all individuals within thirty days of their admission to a functional service and are revised on an annual basis. The IHP is a written statement specifying an individualized program of care, education, and therapies designed to attain the optimal level of functioning.

The Bureau of Guardianship provides services to individuals receiving functional services from the division and who require guardians. Guardianship personnel ensure the protection of clients' rights, e.g., their receipt of appropriate care, treatment and training, as well as freedom from abuse, neglect or exploitation. They monitor services and individual programs to assure that they suitably address the client's needs. Substitute decision-making on behalf of clients is exercised in those cases where the individual is not capable of making judgments and decisions for himself or herself. Sometimes this takes the shape of informed consent when authorization is required, e.g., for elective medical procedures.

Community Services

Community Services is that component of the Division of Mental Retardation responsible for serving those mentally retarded persons who reside in the community, either at home with their family or in alternate living arrangements such as Adult Foster Home, Group Home/Apartment Living. During the past year, Community Services has completed its transition from a bureau to a regional structure. In each of the division's four regions there is a Regional Administrator responsible for the overall operation of the region and the functioning of the following service units: Case Management, Community Development, Day Training, Adult Training, Program Support, and Fiscal. The division's four regions and the Regional Administrator for each are:

Central Regional Office Third Street, Building 5 Bordentown, N.J. 08505 Reg. Administrator—Mr. James Ferruggiaro (609) 298-5981	Serving Mercer, Monmouth, Burlington, Middlesex, and Ocean Counties
Metropolitan Regional Office 35 N. Fullerton Avenue Montclair, N.J. 07042 Reg. Administrator—Ms. Goldie Ellis-Nalven (201) 744-3140	Serving Essex, Bergen, Hudson, Passaic, and Union Counties
Northern Regional Office 31 Fairmont Avenue Chester, N.J. 07930 Reg. Administrator—Mr. John Cole (201) 879-5022	Serving Sussex, Warren, Morris, Somerset, and Hunterdon Counties
Southern Regional Office Route 30 & Elvins Avenue Hammonton, N.J. 08037 Reg. Administrator—Gladys Goehringer (609) 561-5070	Serving Camden, Atlantic, Salem, Cumberland, Gloucester, and Cape May Counties

The following is a brief description of the services provided by each of the units within Community Services.

Case Management Unit—The primary responsibility of this unit is to ensure that DMR clients residing in the community are receiving the social services, day programming, and appropriate support services necessary to enable the client to remain in the community. Case Management services are provided by the case managers to the regional office.

Community Development Unit—This unit has three major functions:

1. Intake—assisting the applicant in completing the process required in determining his/her eligibility for DMR services/referring that person to the agency that can more appropriately meet his/her needs.

2. Placement—recruiting sponsors/providers to develop community-based residential placements, e.g., Adult Foster Homes, Skill Development Homes, and apartments, and placing DMR clients in those living arrangements.
3. Support Services—providing, through the division's Home Assistance Program, services such as respite care, homemaker and assistive devices to mentally retarded people residing in the community.

Day Training Unit—provides day programming consisting of education, care, and training in self-help and social adjustments, to mentally retarded persons aged 3 through 20 who have been determined "eligible for day training" by their local education authority. This service has been designed to provide for the severely and profoundly mentally retarded school-aged person. There are currently 21 Day Training Centers located throughout the state. Nineteen are state-operated centers; the remaining two programs are provided through purchase of services from private providers.

Adult Training Unit—provides community-based day programming for mentally retarded persons age 21 and over who are ineligible for services from the state Division of Vocational Rehabilitation Services. The program seeks to make the client more independent and follows three approaches to accomplish this objective:

1. Practical Arts—clients are taught how to plan a menu, shop, cook, and clean.
2. Personal Awareness—the client's self-help skills are refined.
3. Work Activities—clients are encouraged to develop generic skills and habits through the performance of sub-contracting work, prime manufacturing, e.g., arts and crafts, and service work such as lawn maintenance, cleaning services.

There are currently 68 Adult Training Centers throughout the state. Twenty-one are state-operated and 47 are provided through purchase of service with private providers.

Program Support Unit—is comprised of professionals from the following disciplines: education, psychology, nursing, physical therapy, speech therapy, and occupational therapy. Some of the functions of this unit are eligibility review, programmatic intervention, crisis intervention, developing resources, and training staff, parents, clients.

The Fiscal Coordinator in each region is currently responsible for monitoring client funds and sponsor payments, and assists regional staff to ensure that applications for SSA/SSI entitlements are completed.

To provide the most comprehensive array of services to meet the needs of its clients, Community Services has contracted with several private providers for the following special programs:

1. Legal consultation and representation.
2. Behavior management techniques in the client's home/program setting.
3. Medical assessment and recommended follow-up care.

Institutional Services

This component of the division is responsible for providing a total program to include residential care and habilitative services to mentally retarded persons who reside in one of our ten developmental centers or individuals in an approved private facility funded through the Bureau of Special Residential Services. Such services include the provision of food, clothing, training, supervision, psychological evaluation, education, and recreation. Each resident also receives medical and dental services.

In 1983, under a new law, the names of seven of the state schools were changed to developmental centers. The new designation more aptly describes the division's mission to provide habilitation and training to its clientele. The ten facilities operated by the division are:

1. Edison Habilitation Center—Edison, N.J.
2. Green Brook Regional Center—Green Brook, N.J.
3. Hunterdon Developmental Center—Clinton, N.J.
4. Johnstone Training and Research Center—Bordentown, N.J.
5. North Jersey Developmental Center—Totowa, N.J.
6. New Lisbon Developmental Center—New Lisbon, N.J.
7. North Princeton Developmental Center—Princeton, N.J.
8. Vineland Developmental Center—Vineland, N.J.
9. Woodbine Developmental Center—Woodbine, N.J.
10. Woodbridge Developmental Center—Woodbridge, N.J.

Renovations and reduction in population continued this past year in the developmental centers. This achievement was directly related to the division's committment to provide services in the least restrictive environment to meet an individuals needs and to improve the quality of care. Toward the end of this year, the major focus of the division was on the Non-ICF/MR units. As of June 30, 1983, 3,584 out of 5,942 clients were receiving care and training in ICF/MR cottages. Evaluation of staffing, programming, and physical structures were undertaken in attempting to achieve the goal of greater parity with the ICF/MR cottages.

Located within the division, the New Jersey Foster Grandparent Program mobilizes senior citizens to provide personal care, training, education, and companionship to mentally retarded persons under 18 years of age. The Foster Grandparents serve children in each of the developmental centers operated by the division.

The Bureau of Special Residential Services is an interim residential program of the Division of Mental Retardation. Individuals in the program reside in an approved private facility that is licensed to provide services to the mentally retarded. Residents are placed in private facilities when a suitable vacancy does not exist within New Jersey's public institutional system. On June 30, 1983, 912 clients were included in this program and 59 private facilities were being utilized.

Effective June 30, 1983, 5,943 clients were receiving services in the developmental centers. As of the same date, 912 clients were being provided services from the Bureau of Special Residential Services, 1,013 from Day Training, and 2,000 from Adult Training. The Office of Guardianship serviced 6,678. Of the total population served by Guardianship, 4,809 were residents of the developmental centers, 252 were in private facilities and 1,617 were in a community program.

As of June 30, 1983, 2,776 clients received Case Management Services while residing in their own home. An additional 1,775 clients received Case Management Services while living in alternative community placements such as Skill Development Homes, Group Homes, Family Care, and supervised and unsupervised apartments. Eight-Hundred and twenty-five (825) individuals received support through the Home Assistance Program which includes respite care and homemaker services, assistive devices, and parent training.

The total Fiscal year 1983 adjusted appropriation to the Division of Mental Retardation was 252,858,230. ICF monies amounted to 72,600,000, direct State was 159,466,731 and other (SFEA other fed.) amounted to 20,811,499.

For Fiscal Year 1983, 179,894,967 was appropriated for the operation of the Developmental Centers. Total cost of contracted services for private facilities was 17,512,803, Family Care 931,439, Group Homes 14,084,102, and Skilled Development Homes 2,194,844. Total program expenditures for Adult Training were 14,852,715, Day Training 12,245,926 and Home Assistance 673,961. Home Assistance is defined as homemakers, respite care, and assistive devices.

DMR Programs utilize a variety of evaluation strategies to monitor and improve the quality of services provided. All facilities operated or utilized by the division are regularly inspected to ensure the quality of program services and facility conditions.

Services and Resources of the Division of Youth and Family Services

The Division of Youth and Family Services (DYFS) is the comprehensive social services agency for children and families in New Jersey. Located within the state Department of Human Services, it engages in planning and providing services aimed at preserving and strengthening the family. Disabled children, the developmentally disabled included, are eligible for services, along with the general population. Additionally, the Division of Youth and Family Services is the agency within the Department of Human Services responsible for providing services to autistic persons under the age of eighteen. The Division of Youth and Family Services provides a spectrum of services through thirty-two district offices and four regional adoption centers. These offices are listed below:

NORTHERN

Bergen District Office
190 Main St.
Hackensack, NJ 07601
201-487-5380

Jersey City District Office I
(Southern Jersey City and Bayonne)
473 Broadway, Bayonne, NJ 07002
201-858-0110

Paterson District Office
370 Broadway
Paterson, NJ 07501
201-742-1428

Passaic/Clifton District Office
657 Main Ave., 6th Floor
Passaic, NJ 07055
201-773-8607

Jersey City District Office II
(Northern Jersey City)
550 Summit Ave.
Jersey City, NJ 07306
201-653-5750

North Hudson District Office
(Municipalities North of
Jersey City)
550 Summit Ave.
Jersey City, NJ 07306
201-653-5750

Morris District Office
121 Center Grove Rd.
Randolph, NJ 07869
201-361-8400

Sussex District Office
200 Woodport Rd.
Sparta, NJ 07871
201-729-9163

Warren District Office
325 Front St.
P.O. Box 126
Belvidere, NJ 07823
201-475-3903

METROPOLITAN

Suburban Essex District Office
123 Cleveland St.
Orange, NJ 07050
201-648-3100

Newark District Office I
1100 Raymond Blvd., Room 305
Newark, NJ 07102
201-648-4200

Union District Office
80 Broad St., 3rd Floor
P.O. Box 602
Elizabeth, NJ 07201
201-648-4777

Newark District Office II
1180 Raymond Blvd., 9th Floor
Newark, NJ 07102
201-648-6150

Newark District Office II
1100 Raymond Blvd., Room 101C
Newark, NJ 07102
201-648-2400

Plainfield Branch
700 Park Ave., 3rd Floor
Plainfield, NJ 07060
201-499-5825

CENTRAL

Hunterdon District Office
52 Main St.
P.O. Box 648
Flemington, NJ 08822
201-782-8784

Mercer District Office
1901 North Olden Ave.
Trenton, NJ 08618
609-984-6300

Middlesex District Office
78 Carroll Place
New Brunswick, NJ 08901
201-249-4880

Monmouth Family Center
P.O. Box 3000
Freehold, NJ 07728
201-431-6222

Middletown
1 Main Street
Eatontown, NJ 07724
201-542-2807

Long Branch Office
Garfield Grant Building
279 Broadway
6th Floor
Long Branch, NJ 07740
201-870-3400

Asbury Park Office
705 Summerfield Ave.
Asbury Park, NJ 07712
201-988-4300

Red Bank Office Crisis Center
248 Broad St.
Red Bank, NJ 07701
201-747-7171

Ocean District Office
954 Lakewood Rd.
Toms River, NJ 08753
201-244-4300

Somerset District Office
73 East High St.
Somerville, NJ 08876
201-722-2224

Freehold Office
P.O. Box 3000
Freehold, NJ 07728
201-431-6060

Perth Amboy District Office
271 Hobart St.
Perth Amboy, NJ 08861
201-324-1700

SOUTHERN

Atlantic District Office
26 South Pennsylvania Ave.
Atlantic City, NJ 08401
609-441-3232

Burlington District Office
50 Rancocas Rd.
Mount Holly, NJ 08060
609-267-7550

Camden District Office
808 Market St.
P.O. Box 738
Camden, NJ 08101
609-757-2700

Cape May District Office
Rt. 47 & 9 Social Services Building
P.O. Box 222
Rio Grande, NJ 08242
609-886-1105

Cumberland District Office
40 East Broad St.
Bridgeton, NJ 08302
609-696-6590

Gloucester District Office
Southwood Shopping Center
Route 45
Woodbury, NJ 08096
609-848-6604

Salem District Office
Salem Middle School
New Market St.
Salem, NJ 08079
609-935-6350

REGIONAL ADOPTION CENTERS

NORTHERN (Bergen, Morris, Passaic, Sussex and Warren)

Adoption Resource Center
100 Hamilton Plaza
Paterson, NJ 07505
201-345-9550

METROPOLITAN (Union and Essex)

Adoption and Foster Home Resource Center
1180 Raymond Blvd.—Room 1740
Newark, NJ 07102
201-648-4550

CENTRAL (Mercer, Middlesex, Hunterdon, Monmouth, Ocean and Somerset)

Adoption Resource Center
719 Alexander Road
Princeton, NJ 08540
609-452-7611

SOUTHERN (Atlantic, Burlington, Camden, Cape May Cumberland, Gloucester, and Salem)

Adoption Resource Center
392 N. Whitehorse Pike
P.O. Box 594
Hammonton, NJ 08037
609-567-0010

The division purchases additional services from private providers. Specific services include: Protection for abused, abandoned and neglected children and therapeutic services for their parents; casework and counseling; day care; homemaker services; parole supervision for certain juveniles; foster care; group care and residential services; adoption; information and referral medical services and maintenance to expectant mothers; medical and dental services for those children in placement excluding those in state institutions not run by the Division of Youth and Family Services; and a 24-hour toll-free number to report cases of child abuse. Children and their families who are residents of New Jersey and in need of the services offered by the Division of Youth and Familiy Services are eligible.

The Division of Youth and Family Services places emphasis on protective and supportive social services that meet the special needs of children and their families, in order to meet the following broad objectives: To provide for the mental and physical safety of children and to strengthen and stabilize the family environment so the child can remain with the family, to arrange and monitor temporary placement with foster families when the child cannot remain with the natural family, to provide and arrange for specialized treatment plans or facilities for children who cannot remain in the community for various reasons, to provide and insure the necessary day care facilities and service levels and to expand community social service program resources for the benefit of the individual and the family.

While there is no information available regarding the total number of developmentally disabled individuals served by the division, 100 autistic children were provided residential services through the Division of Youth and Family Services in FY 1983. Additionally, through a federal grant in operation in the Metropolitan Regional office, the Division of Youth and Family Services has begun a program of screening abused and neglected children for developmental disabilities. During the spring of 1982, protective service workers in the Metropolitan Region were trained in developmental screening for children aged zero through four. Workers were trained to include an initial screening to identify children who may have a developmental disability in their investigations of cases of abuse and neglect. Once a child has been identified as being at risk of having a developmental disability, referral is made to the appropriate agency for evaluation and diagnosis. (During July through September of 1982, thirty referrals were made for evaluation. Of these, approximately 50 percent required additional services.)

The Division of Youth and Family Services employs a staff of approximately 2,800 with a total budget of $176,500,000 in FY 1984. The state appropriation totaled $76,000,000 with $21,200,000 expended on residential services. During FY 1984 1,250 children received residential services.

The Bureau of Licensing establishes and monitors private and Division of Youth and Family Services operated facilities. The inspection process is conducted by a team of inspectors and takes a period of two to four days. These visits are conducted on a yearly basis. There is also a program review staff which consists of four full-time employees who visit, observe, and provide technical assistance at the various sites on a more regular basis. The number of visits that members of the program support staff make to a site depends on the amount of technical assistance that a particular facility needs, the kind of services provided, the nature of population served and the quality of services and level of care provided. The severity of health, safety, or programmatic violations dictate the nature of the action taken with a program. Necessary recommendations for correction are made and technical assistance is provided. Corrections must be made within a certain time frame. If the violations are not remedied, then action can range from suspension of referrals to the program to removal of clients from the program. Treatment plans are compiled on each child thirty days after he/she is placed. Ninety days after the plan is in effect it is reviewed in order to revise and upgrade the quality of the treatment plan.

A formal system of review was established under the Child Placement Review Act. This provides for an external examination of placement plans for children in non-permanent settings and is felt to be an additional assurance of provision of quality services.

Services and Resources of the Statewide Computerized Referral-Information Program (SCRIP)

The Statewide Computerized Referral-Information Program (SCRIP) is funded and operated by the New Jersey Developmental Disabilities Council to provide information and referral services to developmentally disabled persons in New Jersey. SCRIP lists over 1,500 facilities on its computerized data base. Information on facilities such as schools, evaluation centers, recreation programs, and so on, can be obtained by calling a toll-free number (if calling from within New Jersey) or the Council office (if calling from outside New Jersey.)

SCRIP is available to disabled persons, their families, professionals, and any other person in need of information concerning specific services. SCRIP is a prescriptive service in that information on the individual in need of services (i.e., age, sex, disability, type of service required) is matched with the appropriate programs and agencies.

SCRIP responded to more than 3,500 requests for information in FY 1983, at a per capita cost of approximately $16.00 per client. The availability of SCRIP services is publicized through the distribution of *Interface,* SCRIP brochures and posters, advertised in other newsletters, and human service directories, as well as the presentation of a slide show explaining SCRIP at conferences and to other interested groups.

In order to ensure that complete, accurate, and current information is readily available from SCRIP, facilities are surveyed yearly. Feedback cards are mailed to clients with each SCRIP printout. Of these feedback cards which have been returned to the program, 89 percent rated SCRIP as very helpful or helpful. Only 11 percent of those returning the cards did not find the information to be helpful, or they had no option. Operation of the SCRIP system is regularly monitored by the Public Information Committee consisting of members of the Developmental Disabilities Council.

SCRIP may be reached by calling or writing:

SCRIP
New Jersey Developmental Disabilities Council
108-110 North Broad Street
CN 700
Trenton, New Jersey 08625
(800) 792-8858 (if calling from within New Jersey)
or
(609) 292-3745 (if calling from outside New Jersey)

Services and Resources under the Social Services Block Grant Program (Formally Title XX)

The Office of Human Services Planning is located in the Office of the Deputy Commissioner of the Department of Human Services. It is responsible for the preparation of the Pre-Expenditure Report for the Social Services Block Grant (SSBG) Program which outlines the recommended allocation of Program funds. The Office works with state and local Human Service Advisory Councils in developing its allocation plans.

The following are the national goals as outlined by the SSBG regulations. These goals relate to the service needs of persons with developmental disabilities.

1. Enabling people to achieve or maintain self-sufficiency (the ability to care for themselves) so as to prevent or reduce dependency;
2. Enabling people to achieve or maintain economic self-support in order to prevent, reduce, or eliminate dependency;
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest, or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
5. Enabling people to secure referrals or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

With the elimination of federal eligibility requirements for Title XX, the department has consolidated Title XX eligibility into existing intra-departmental standards, and relaxed requirements for other state departments.

Eligibility criteria for services provided by other state departments are determined by need for service, and family income relative to the national poverty level or 80 percent of the state median income adjusted for family size.

Assuming the amount of money appropriated by Congress is actually distributed to the state, the Department of Human Services will recieve in FY '84, $80 million in federal Title XX funds. This is a decrease from the $83 million that was allocated in FY '82. This is especially significant when the inflationary impact on the costs of service delivery is considered. Although there have been funding cuts since FY '82, the Department of Human Services has cut administrative costs and elected to transfer funds from the Low-Income Energy Assistance Block Grant to the Social Services Block Grant to preserve direct services.

Since the inception of the SSBG, the federal-state match requirement has been eliminated. However, New Jersey has elected to maintain a match requirement for its contractees. This requirement generates approximately $50 million additional SSBG funds.

The department has identified two goals in its dispersement of SSBG funds:

(1) To protect vulnerable and disabled populations.

(2) Improve relationships with county human service representatives.

Because the department is responsible for ensuring services are delivered to those most in need, it must target its limited resources effectively. The department has, therefore, identified the following target populations, essential services and geographic areas as its priority:

Target Populations

—Persons dangerous to self or others;
—Victims of abuse, neglect or abandonment;
—Persons at risk of institutionalizations;
—Persons inappropriately institutionalized;
—Low income families;
—Under served populations.

Essential Services

—Protective services;
—Crisis intervention, screening and emergency services;
—In-community residential alternatives;
—In-home services critical to target populations;
—Case management and advocacy services critical to target populations.

Geographic Areas

—Socially and economically deprived area;
—Areas where there is a high prevalence of target populations;
—Areas where there is an absence of essential services to target populations.

In order to both respond to limited resources effectively and to improve its relationships with the counties, the New Jersey Department of Human Services is moving to decentralize planning and resource allocation decision to the county level. The Department of Human Services has encouraged the establishment of Human Service Advisory Councils within each of the twenty-one counties in New Jersey. Every county has a fully certified Advisory Council. These councils will identify human service needs and priorities, define the local service system and make recommendations to the state as to the allocation of resources.

The Department of Human Services hopes that by allowing the counties to plan for services, three goals will be achieved. First, administrative functions and service delivery will improve through a consolidation of services where indicated, a more efficient allocation of available resources and the provision of more relevant services. Again, it is assumed that local human service representatives are in a better situation to make recommendations in this area than is the state. Next, the state hopes to improve its relationship with counties as this process will more clearly define the role of both the state and counties in service delivery. Additionally, the state will have a direct line of communication to counties, and vice versa, through the County Human Service Advisory Councils. Also, as the County Human Service Advisory Council will be responsible for developing program and resource recommendations, this process will allow for a greater degree of local influence. Finally, as previously mentioned, it is the department's priority that services needed by vulnerable and disabled persons are protected in any service reductions. The department believes that counties will be better equipped to set priorities which will ensure that the most needy and/or disabled persons are not adversely effected by limited resources.

The councils are responsible for allocating SSBG funds to private agencies who serve persons with developmental disabilities. Additionally, the department allocates funds directly to state agencies such as the Division of Mental Retardation and the Division of Vocational Rehabilitation Services.

The Division of Mental Retardation is scheduled to receive an estimated $5,900,000 in state and federal Title XX funds. Title XX monies are utilized to fund adult activities, day care for children, companionship services, guardianship services and homemaker services for approximately 8,000 clients of the Division of Mental Retardation who reside in the community.

The Division of Vocational Rehabilitation Services utilizes its Title XX allocation to fund the Work Activity Training Center programs. The Division of Vocational Rehabilitation Services is estimated to receive $619,000 in state and federal Title XX funds, allowing it to serve a little under 200 persons in its Work Activity Training Centers.

A total of $6,519,000 in SSBG funds and matching state grants will be allocated for services to persons with developmental disabilities. The per capita costs of services to persons with developmental disabiltiies funded by SSBG is not available due to the varied types of services provided.

To ensure the quality of services provided to developmentally disabled citizens under the SSBG program, regular evaluation and monitoring of programs is done by the Division of Mental Retardation and the Division of Vocational Rehabilitation Services.

Department of Labor

Services and Resources of the Division of Vocational Rehabilitation Services

The Division of Vocational Rehabilitation Services (DVRS), located within the Department of Labor, is responsible for providing vocational rehabilitation services to disabled citizens of New Jersey. Twenty field offices scattered throughout the state make services accessible in each of the twenty-one counties. Local DVRS offices are listed below:

ATLANTIC COUNTY
1545 Pacific Avenue
Atlantic City, NJ 08401
(609) 441-3080

BERGEN COUNTY
10 Banta Place
Hackensack, NJ 07601
(201) 487-7890

BURLINGTON COUNTY
Route 130 North
Willingboro Village Mall
Willingboro, NJ 08046
(609) 871-6800

CAMDEN COUNTY
2600 Mt. Ephraim Avenue
Camden, NJ 08104
(609) 757-2781 or 82 or 83

CAPE MAY COUNTY
Cape May County Social Service Complex
7-9 Delsea Drive, Rt. 47
Rio Grande, NJ 08242
(609) 886-9451

CUMBERLAND/SALEM COUNTY
39 North Laurel Street
Bridgeton, NJ 08302
(609) 451-9098 or 9052 or 9058 or 5043

ESSEX COUNTY
80 Mulberry St., Room 201
Newark, NJ 07102
(201) 648-3367

ESSEX (SUBURBAN)
20 Evergreen Place, 4th Fl.
East Orange, N.J. 07018
(2019 648-2882 or 2883

GLOUCESTER COUNTY
81 Cooper Street
Woodbury, NJ 08096
(609) 848-5300

HUDSON COUNTY
2857 Kennedy Boulevard
Jersey City, NJ 07306
(201) 653-2929

MERCER COUNTY
80 Mulberry Street, Room 201
Newark, NJ 07102
(201) 648-3367

MIDDLESEX COUNTY
29 Livingston Ave. & New St.
New Brunswick, NJ 08901
(201) 545-8120

MONMOUTH COUNTY
Eisner Bldg. & 54 Broad St.
Red Bank, NJ 07701
(201) 842-4700

MORRIS COUNTY
7 Sussex Avenue, 2nd Fl.
Morristown, NJ 07960
(201) 539-3660

OCEAN COUNTY
Toms River Mall
1214 Hwy 37
Toms River, NJ 08753
(201) 929-9404

PASSAIC COUNTY
744 Hamburg Turnpike
Pompton Lakes, NJ 07442
(201) 835-8902
370 Broadway
Paterson, NJ 07501
(201) 345-7080

SOMERSET/HUNTERDON COUNTIES
352 E. Main Street
P.O. Box 279
Somerville, NJ 08876
(201) 526-0550

SUSSEX/WARREN COUNTIES
Doctor's Park
Seber Road, Bldg. 4
Hackettstown, NJ 07840

UNION COUNTY
125 Broad Street
Elizabeth, NJ 07208
(201) 648-4800

It is the policy of the Division of Vocational Rehabilitation Services that appropriate vocational rehabilitation programs be available to all disabled citizens of New Jersey. In order for this policy to be realized, a continuum of services which respond to the distinct vocational needs of each client must be available.

The division has developed three classifications to categorize its programs. The first, traditional programs, include those facilities offering vocational evaluations, Work Activity Training Centers, special skill programs, and sheltered employment programs. The second classification is psycho-social programs, including those facilities offering evaluation and work adjustment services to persons with a psychiatric disability. Psycho-social programs also include vocational training and/or transitional employment programs. The third classification is medical programs, which are facilities having a physical medicine department and vocational evaluation programs.

The Work Activity Training Center (WATC) program is of special interest as it is designed specifically for adults whose disability is so severe that they are presently prevented from entering a sheltered workshop program or competitive employment. Components of the WATC program include: activities of daily living skills, education, recreation and use of leisure time, social services, personal adjustment, vocational evaluation, travel training, transportation, independent living skills, parental (guardian) consultation, and vocational training so an individual may be able to progress to sheltered or competitive employment. Referrals to the WATC program are made directly to the local facilities, listed below:

1. Atlantic County Opportunity Center
   Egg Harbor, NJ
   (609) 965-6871

2. Bergen/Passaic Association
   for Retarded Citizens
   Haledon, NJ
   (201) 956-9363

3. Burlington Association for Retarded
   Citizens
   Hainesport, NJ
   (609) 267-5453

4. Cerebral Palsy Association
   Edison, NJ
   (201) 549-5580

5. Monmouth Association for Retarded
   Citizens
   Shrewsbury, NJ
   (201) 747-2928

6. Raritan Valley Workshop
   North Brunswick, NJ
   (201) 828-8080

7. Somerset Association for Retarded
   Citizens
   Manville, NJ
   (201) 725-8544

8. United Cerebral Palsy
   League of Union County
   Union, NJ
   (201) 354-5800

The Division of Vocational Rehabilitation Services administers the state-funded Sheltered Workshop Extended Employment Program. During FY '83 Services were provided to 2,865 clients at a cost of approximately $5,000,000. The Sheltered Workshop Extended Employment program provides vocational rehabilitation services leading to the placement in competitive employment of approximately 7 percent of the participants per year. The program is contracted through private, not-for-profit, community programs. DVRS also administers an Independent Living Project through subcontracts to two Independent Living Centers, 1) DIAL—Disabled Information Awareness and Living in Clifton, and 2) HIP—Handicapped Improvement Program in Englewood. These centers provide services such as information and referral, advocacy, peer counseling and training in independent living skills to assist severely disabled persons to participate more fully in community life. Most of their clients are too severely handicapped to enter a vocational program, although some may eventually do so. This program has been receiving an annual grant of $299,000 from the Rehabilitation Services Administration and has served in some capacity over 1,500 people in the past year.

Eligibility for vocational rehabilitation services is determined by the presence of a physical or mental disability which results in a substantive handicap to employment and a reasonable assurance that services will benefit the individual in terms of his or her employability. Amendments to the Rehabilitation Act of 1973 mandated that the severely disabled be given priority by the division. A thorough diagnostic study is undertaken by the division to determine the vocational goals of the handicapped individual. An Individualized Written Rehabilitation Plan (IWRP) is developed and is periodically reviewed and revised. The IWRP is reviewed on the average of once every two months. At the completion of diagnostic services, financial needs tests are often administered in order to determine if financial participation on the part of the client is possible in the purchasing of services outside of the Division of Vocational Rehabilitation Services.

The establishment of financial need is a condition for the provision of the remaining vocation rehabilitation services for the handicapped. Physical and mental restorative services may be provided in order to correct, or substantially modify in a reasonable period of time, a physical or mental condition which is stable or slowly progressive. Such services include medical or corrective surgical treatment, dentistry, short-term nursing services, drugs and supplies, prosthetic, orthopedic and other assistance devices, eyeglasses, physical, occupational, speech or hearing therapy, and other medical rehabilitation services.

During FY 1983, the Division of Vocational Rehabilitation Services had an open caseload of approximately 22,200 persons, of whom as many as 4,858 are developmentally disabled. By defining developmental disabilities categorically (cerebral palsy, autism, mental retardation and epilepsy), the division currently has an active caseload of approximately 2,428 developmentally disabled persons.

The budget for fiscal year 1983 was $23,600,000 with an average cost per client of $4,394.

Department of the Public Advocate

Services and Resources of the Division of Advocacy for the Developmentally Disabled

The Division of Advocacy for the Developmentally Disabled, formerly the Office of Advocacy for the Developmentally Disabled, is located within the Department of the Public Advocate. Originally created pursuant to the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 95-602), the state legislature demonstrated its continued commitment to the protection of the rights of developmentally disabled citizens in passing Chapter 444 of the Public Laws of 1981, therein giving legislative recognition to the program.

Pursuant to federal and state law, the Division of Advocacy for the Developmentally Disabled provides advocacy services on a statewide basis to developmentally disabled individuals or their representatives, New Jersey's Protection and Advocacy system has two components: the Central Office, located in Trenton; and the Client Assistance Project, which serves the Division of Vocational Rehabilitation Services' counselors and their clients.

The goals of the Division of Advocacy for the Developmentally Disabled are:

1. To secure the rights of citizenship for all developmentally disabled people in New Jersey.
2. To foster corrdination among the division and private and public agencies providing services to developmentally disabled people in New Jersey.
3. To promote training and education of the general public and professionals to perform advocacy functions.
4. To encourage the coordination of a comprehensive system of protection services.
5. To promote awareness of the existence and activities of the Division of Advocacy for the Developmentally Disabled.

Threshold eligibility for services of the division is the possession of a disability which is in accordance with the definition of a developmental disability as set out in P.L. 95-602. The state legislature allowed for the division to serve, within the limits of available funding, other handicapped persons found by the Public Advocate to have needs similar to developmentally disabled persons. To be eligible for services of the Client Assistance Project, an individual must have a disability which interferes with working and must be a recipient or past recipient of services from the Division of Vocational Rehabilitation Services.

Services provided by the Division of Advocacy for the Developmentally Disabled are:

1. Negotiating on behalf of developmentally disabled persons to secure their rights as citizens.
2. Providing individual and class representation as cases present themselves.
3. Promoting training of parents, guardians, guardianship workers, relatives, and friends of developmentally disabled persons to be advocates or to obtain advocacy services.
4. Representing, at the discretion of the Commissioner of the Department of the Public Advocate, interests of incompetent individuals as court-appointed counsel and/or guardian ad litem.
5. Representing individuals at administrative hearings.
6. Advising and counseling, negotiating for, and suing on behalf of clients.
7. Making appropriate referrals to other agencies.
8. Ensuring the federal and state agencies meet their mandates under the law.

It is not possible to determine the precise number of developmentally disabled people benefiting from activities of the division because action taken on behalf of one individual or a class of individuals may impact upon the entire developmentally disabled population. However, the core office is expected to provide direct advocacy services to approximately 750 individuals for federal fiscal year 1984. During the same period, the Client Assistance Project is expected to serve approximately 400 clients.

The division is currently operating at full capacity by endeavoring to serve as many developmentally disabled residents of the state who meet the eligibility requirements as possible. The number served is limited, however, due to a finite number of staff personnel.

The staff of the Division of Advocacy for the Developmentally Disabled is composed of six attorneys, five field respresentatives, one program development specialist, and three secretaries. The staff is divided between the core office in Trenton, and the Client Assistance Project.

During FY 1982 the total appropriation to the Office of Advocacy for the Developmentally Disabled was $624,000. It is not possible to indicate the per capita expenditure by service nor the per capita cost per service. Due to the uniqueness of each case, the amount of resources expended through money and/or person hours is contingent upon the related facts and circumstances of the individual case.

Evaluations of the Division of Advocacy for the Developmentally Disabled are conducted on a regular basis. The State Plan for Protection and Advocacy for the developmentally disabled serves as one mechanism for evaluation. Quarterly reports are submitted to the Commissioner of the Department of the Public Advocate and the federal Developmental Disabilities Office.

The division was externally evaluated on three occasions in 1981 and again in 1982. The federal Rehabilitation Services Administration evaluated the Client Assistance Project, while the Department of Health and Human Services reviewed and evaluated the division twice. Additionally, the division contracted with Rutgers University in 1982 to perform an evaluation of all aspects of the division.

Department of Transportation

Services and Resources of the Office of Public Transportation Services

The Office of Public Transportation Services is located within the Department of Transportation. The responsibilities of this office are outlined in Executive Order 105, signed by Governor Byrne and adopted by Governor Kean. One of the goals of the Office of Public Transportation Services is to improve the delivery of specialized transportation services to elderly and handicapped citizens in New Jersey.

The Office of Public Transportation Services has among its objectives the following four objectives dealing with specialized transportation:

1. To assist, where they exist, county transportation coordinators. Efforts in this area include the formation of C.O.S.T., a group of individuals now providing special transportation services on the county level. C.O.S.T. holds monthly meetings to share information, ideas, and to otherwise keep each other up-to-date on progress in the provision of specialized transportation services.
2. Coordination of vehicles operated by various state agencies to ensure their optimal use. The office has focused on establishing interagency agreements which would allow for the sharing of vehicles among divisions and departments.
3. Ensure each county has a plan for providing specialized transportation. This includes providing technical assistance to counties who do not have the capabilities to perform this task.
4. Investigate the broader use of school buses to provide specialized transportation. Efforts in this area have included the establishment of an interdepartmental committee whose membership is composed of representatives from the Departments of Education and Transportation.

Additionally, the office encourages citizens to inform it of problems they may be encounteing in obtaining transportation services. Only through a constant interchange between consumers, providers and the office will it be able to realistically address the demand for transportation services.

For FY 1983, the Office of Public Transportation Services had a budget of $134,250. The office employs a staff of five. Further information on the Office of Public Transportation Services may be obtained at (609) 984-0309.

New Jersey Transit

Services and Resources of the Reduced Fare Transportation Program and Section 16(b)(2) Program

NJ TRANSIT administers and manages two programs, the Reduced Fare and Section 16(b)(2), which impact persons with developmental disabilities. In addition, NJ TRANSIT has an ongoing capital improvement program which has increased accessibility to selected bus and rail lines throughout the state.

Under the Reduced Fare Program, people 62 years of age or older, as well as handicapped people, may ride at reduced fares (one half the regular one-way fare, adjusted downward to the nearest five cents) during non-peak hours on all interstate bus and rail routes.

The reduced fare is in effect on weekdays from 9:30 a.m. to 4 p.m. and from 7 p.m. to 6 a.m., all day on Saturdays and Sundays, and all day on state holidays.

In order to be eligible for a reduced fare, elderly or handicapped people must present either a valid Medicare Card or a Reduced Fare Program identification card upon boarding a bus or train. A person must also have a reduced fare ticket book when boarding a bus.

Handicapped people under age 62 who do not hold a Medicare Card must write to the Reduced Fare Program, NJ TRANSIT, 180 Boyden Avenue, Maplewood, NJ 07040, to request an application by mail or they may call (201) 761-8327 for futher information regarding the program.

The Section 16(b)(2) Program is a program authorized by the Urban Mass Transportation Administration Act of 1964, as amended. This program authorizes federal grants of 80 percent of the cost of specialized vehicles to be used by private non-profit agencies in providing transportation services for elderly and handicapped persons, including the developmentally disabled, unable to use public mass transportation. The program provides the vehicles, but provides no funds for their operation or maintenance. NJ TRANSIT, since assuming responsibility for the program, has provided the 20 percent match for the grant. Since the program started in 1975, over 350 have been delivered and placed in service.

In 1984, NJ TRANSIT plans to purchase at least 120 more paratransit vehicles under the Section 16(b)(2) Program utilizing FY 1982 and FY 1983 funds. Additionally, NJ TRANSIT has requested the federal government to approve the authorization of FY 1984 funds totaling $661,000 which could purchase as many as thirty additional vehicles.

Site visits are made by the staff person administering the program in order to inspect vehicles and to ensure that they are serving clients in the most efficient and comprehensive manner. In addition, agencies receiving vehicles for the program are required to submit quarterly reports outlinging the extent of services provided and costs of operation.

Finally, NJ TRANSIT through its Special Transportation Citizens Advisory Committee was instrumental in developing legislation which would utilize casino revenue tax funds for transportation for the elderly and handicapped. Signed into law by Govenor Kean on January 17, 1984 and known as the Senior Citizen and Disabled Resident Transportation Assistance Act, it will provide NJ TRANSIT and the counties throughout the state 3 million dollars during FY 1984 and up to 10 million dollars in FY 1985. Seventy-five percent of these funds will be allocated to the counties, which to be eligible must submit to NJ TRANSIT a comprehensive plan which details how special transportation will be provided and coordinated. The remaining 25 percent of the funds will be utilized by NJ TRANSIT to develop, provide and maintain capital improvements which increase accessibility to existing mass transit for the elderly and disabled. Additional information concerning the casino revenue tax fund program can be obtained by writing to NJ TRANSIT, Office of Special Services, P.O. Box 10009, Newark, NJ 07101.

Services and Resources of the University Affiliated Facility—Rutgers Medical School

The University Affiliated Facility (UAF) program is a federally funded facility operating pursuant to the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 95-602). Federal law defines a UAF as ". . . a public or non-profit facility which is associated with or is an integral part of a college or university. . ."

Up until 1983, New Jersey's UAF was located at Kean College, in Union, New Jersey. During the past year, the federal government approved a transfer of the program from Kean College to Rutgers Medical School, University of Medicine and Dentistry of New Jersey. The transfer was initiated due to the need in New Jersey for a UAF with a statewide focus. Additionally, in order for the UAF to truly fill its training and research mandates, it needed to be a part of a university which grants advanced degrees.

The mission of the UAF-RMS is to enable developmentally disabled persons to live in the most dignified and independent manner possible. The UAF fulfills this mission through the following three activities:

1. Interdisciplinary training programs for personnel, providing services to persons with developmental disabilities.
2. Provision of exemplary services to persons with developmental disabilities.
3. Dissemination of research and information on developmental disabilities.

FY 1984 Planned Activities

A major emphasis of the UAF will be to respond to the needs of the Developmental Disabilities Council, the Division of Mental Retardation and Special Child Health Services. Pre-service and in-service training activities will focus on targeting resources for the severely handicapped. Training programs and dissemination activities will concentrate on underserved populations in the state such as persons diagnosed with both mental health needs and mental retardation.

The training program of the UAF at Rutgers Medical School includes pre-service training activities for students, inservice/continuing education activities for individuals working in the field of developmental disabilities and/or practictioners in generic agencies who may also provide services to persons with developmental disabilities. Training programs for consumers of services and their families will also be developed. The interdisciplinary training of the UAF includes students in all four of the major professional areas dealing with developmental disabilities: health, social work, psychology and education.

Exemplary services to persons with developmental disabilities will be provided in a variety of settings throughout the state. Services will be delivered at the UAF, as well as various programs such as the Middlesex Cerebral Palsy Center, Robert Wood Johnson Rehabilitation Cetner, and the Laurie Neuro-developmental Institute. The UAF will, on a continuing basis, disseminate research findings and other service-related information to all interested groups and agencies.

The UAF has a total FY 1984 budget of $370,785, $177,135 of which is federal funds. The UAF has a professional staff of seven, two of which are under a sub-contract from Kean College. Six staff members are full-time, five are part-time.

Further information may be obtained from:

UAF
University of Medicine and Dentistry of New Jersey
Rutgers Medical School
P.O. Box 101
Piscataway, New Jersey 08854

TABLE 4-1
PUBLIC AGENCY RESOURCES

DIRECT SERVICES

	RESIDENTIAL		DAY PROGRAMS		EMPLOYMENT	
PUBLIC SERVICE PROVIDERS	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	DAY CARE	EDUCATION TRAINING	SHELTERED WORKSHOPS	OTHER
RENTAL ASSISTANCE PROGRAM		X				
DIVISION OF VOCATIONAL EDUCATION				X		
DIVISION OF SPECIAL EDUCATION			X	X		
SPECIAL CHILD HEALTH SERVICES						
MATERNAL AND CHILD HEALTH SERVICES						
EARLY & PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT)						
DIVISION OF MEDICAL ASSISTANCE						
DIV. OF MENTAL HEALTH & HOSPITALS	X	X				
DIV. OF MR—COMMUNITY SERVICES		X	X	X		X
DIV. OF MR—RESIDENTIAL SERVICES						
DMR—1) STATE OPERATED INSTITUTIONS	X		X	X		
DMR—2) PURCHASED RESIDENTIAL SERVICES	X		X	X		
DIVISION OF PUBLIC WELFARE						
DIV. OF YOUTH & FAMILY SERVICES	X	X	X	X		
DIV. OF VOCATIONAL REHABILITATION				X	X	X
DIV. OF ADVOCACY FOR DD						
N.J. TRANSIT (REDUCED FARE)						
OFFICE OF COORDINATED TRANSPORTATION						
SCRIP						

TABLE 4-1
PUBLIC AGENCY RESOURCES

SUPPORT SERVICES

	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY SUPPORT				CLIENTS SERVED		
PUBLIC SERVICE PROVIDERS	DIAGNOSIS	EVALUATION	INFORMATION REFERRAL	COUNSELING	PROTECTION LEGAL	FOLLOW ALONG	MEDICAL	DENTAL	OT, PT, SP, H, OTHER	RECREATION	PERSONAL CARE	TRANS-PORTATION	INCOME MAINTENANCE	NUM[illegible]R SERV[illegible]D	NUMBER HANDICAPPED	NUMBER DEVELOP. MENTALLY DISABLED
RENTAL ASSISTANCE PROGRAM													X		1,394	
DIVISION OF VOCATIONAL EDUCATION		X													18,000	
DIVISION OF SPECIAL EDUCATION	X	X	X	X		X			X	X		X			160,000	
SPECIAL CHILD HEALTH SERVICES	X	X	X	X	X	X	X	X	X		X				18,000	
MATERNAL AND CHILD HEALTH SERVICES	X	X	X				X								75,400	
EARLY & PERIODIC SCREENING																
DIAGNOSIS & TREATMENT (EPSDT)	X	X	X					X	X					38,216		
DIVISION OF MEDICAL ASSISTANCE													X	65,138**		
DIV. OF MENTAL HEALTH & HOSPITALS	X	X	X	X	X	X	X	X	X	X	X	X			138,909	1,300
DIV. OF MR—COMMUNITY SERVICES				X	X	X	X	X	X	X	X	X				6,198
DIV. OF MR—RESIDENTAL SERVICES																
DMR—1) STATE OPERATED INSTITUTIONS	X	X		X	X		X	X		X	X	X				5,978
DRM—2) PURCHASED RESIDENTIAL SERVICES	X	X		X	X		X	X		X	X	X				925
DIVISION OF PUBLIC WELFARE													X	84,000	50,000	
DIV. OF YOUTH & FAMILY SERVICES	X	X	X	X	X	X	X	X	X	X	X	X		1,200*		100
DIV. OF VOCATIONAL REHABILITATION	X	X	X	X			X	X	X			X			28,732	6,283
DIV. OF ADVOCACY FOR DD			X		X											978***
N.J. TRANSIT (REDUCED FARE)												X			13,000	
OFFICE OF COORDINATED TRANSPORTATION																
SCRIP			X													3,000

*RESIDENTIAL SERVICES ONLY
**SSI ONLY
***DIRECT ADVOCACY SERVICES AND CLIENT ASSISTANCE

Private agency resources

The amount, location, and diverse target populations serviced by private agencies has made it difficult to accurately describe the resources represented by this sector of the developmental disabilities service network. In an attempt to better estimate the private service sector, the New Jersey Developmental Disabilities Council undertook a survey of over 250 private agencies across the state. Almost 100 agencies responded to the survey, which asked for information on the agencies financial and staff resources, types of services provieded, numbers of clients served by service category, and whether the agencies have the capacity to serve additional clients. The agencies were asked to indicate, from among six categories, the services they provide.

Chart 4-2 provides a summary of the survey responses. The agencies were asked to indicate services utilizing the following service categories (service definitions provided to respondents were the same as those listed in Section I):

Category	Subcategories
1. Identification Services	1a. Diagnosis
	b. Assessment
	c. Information and Referral
2. Day Programs	2a. Vocationally-oriented
	b. Education Programs
	c. Day-care
	d. Other training
3. Family/Program Support	3a. Recreation
	b. Personal Care
	c. Transportation
4. Residential Services	4a. Special Living Arrangements
	b. Respite Care
5. Treatment Services	5a. Medical
	b. Dental
	c. Speech, Physical and Occupation Therapy
6. Case Management Services	6a. Protective/Social/Legal
	b. Follow Along
	c. Counseling
	d. Crisis Intervention

Agencies were asked whether the service is provided, if the service is a primary or secondary service, and if the agency is able to serve additional clients. The distinction between primary and secondary services is an important one, as a primary service is one to which you admit clients directly, while a secondary service is provided only to clients already enrolled in a primary service. For instance, if transportation is provided only to clients attending a day program at a particular agency, transportation would be listed as a secondary service, indicating that it is not available as a service by itself.

Additionally, it should be noted that the subcategory "education" primarily includes programs for persons younger or older than the school age population (3-21), as these children are already counted in the Department of Education's statistics.

Caution should be utilized in interpreting the results of the private agency survey. Primarily, a number of agencies (65 percent) did not respond to the request for information. The survey does, however, provide a good starting point in the estimation of the resources of the private service network.

Gaps in Services

The Developmental Disabilities Council each year attempts to estimate the percentage of the developmentally disabled population requiring specific services. While these are rough estimates, they are useful for comparing with the estimated service resources available.

For the purposes of the plan, it is estimated that 55 percent of all developmentally disabled persons will need to be provided with special living arrangements, while approximately 10 percent (7,560) will need domiciliary care. All developmentally disabled children of preschool age are appropriate candidates for day care and education/training programs. With regard to developmentally disabled school-age children it is estimated that 100 percent are eligible for and will require education and training services at some time. Of the school-age

TABLE 4-2
SUMMARY RESULTS—PRIVATE AGENCY SURVEY

	NUMBER OF AGENCIES PROVIDING SERVICE		NUMBER OF CLIENTS SERVED		NUMBER OF AGENCIES WITH THE CAPACITY TO SERVE ADDITIONAL CLIENTS	
	PRIMARY	SECONDARY	PRIMARY	SECONDARY	PRIMARY	SECONDARY
SERVICE CATEGORIES						
RESIDENTIAL						
SPECIAL LIVING ARRANGEMENTS	37	0	1283	0	9	0
PERSONAL CARE SERVICES	7	15	1189	672	5	4
RESPITE CARE	8	2	434	222	2	0
FAMILY/PROGRAM SUPPORT SERVICES						
RECREATION	36	18	9230	2023	22	8
TRANSPORTATION	7	32	1436	13193	3	16
IDENTIFICATION SERVICES						
DIAGNOSIS	36	6	3103	280	20	3
ASSESSMENT	61	10	13140	578	32	5
INFORMATION & REFERRAL	66	19	18827	2369	37	14
DAY PROGRAMS						
VOCATIONALLY ORIENTED	40	6	3832	319	22	4
EDUCATION	33	11	1980	330	19	4
DAY CARE	12	6	697	177	6	3
OTHER TRAINING	32	12	2831	880	12	5
CASE MANAGEMENT						
PROTECTIVE/SOCIAL/LEGAL	23	13	1867	573	10	8
FOLLOW ALONG	21	23	1116	913	13	14
COUNSELLING	39	30	4445	2571	2	20
CRISIS INTERVENTION	18	25	826	1670	13	16
TREATMENT						
MEDICAL	15	08	1482	761	7	4
DENTAL	2	8	42	485	1	3
THERAPY	30	14	5639	933	16	8

population, approximately 30 percent (12,740) will be able to benefit from day care programs. 15 percent of the adult developmentally disabled population (4,500) is in current need of day care; 40 percent of the same population (11,950) is in need of education/training programs. Diagnosis, evaluation and information/referral services should be available to all (100 percent) of the developmentally disabled population of New Jersey. It is assumed that at some time in their lives they will require some or all aspects of identification services. It is estimated that medical, dental and special treatment services, such as occupational, physical, speech, hearing or other therapy, are needed by all (100 percent) of the developmentally disabled residents of the state. Sheltered workshop employment opportunities should be available to 70 percent (20,920) of the adult developmentally disabled population. Other types of employment services may be appropriate for an estimated 15 percent (4,480) of the adult developmentally disabled population.

With regard to counseling and follow-along services, it is estimated that 90 percent (68,100) of all developmentally disabled individuals will require such services during their life time. Protection and advocacy services should be available to all (100 percent) of the target population.

It is estimated that within the area of family/program support services, 80 percent (60,520) of developmentally disabled persons will require recreational services, all (100 percent) will require some degree of personal care, 90 percent (68,100) will need some form of transportation services, and 40 percent (30,260) will be in need of income maintenance services.

As a further aid to identifying service needs in the state, an analysis of requests for services from the Statewide Computerized Referral Information Program (SCRIP), operated by the New Jersey Developmental Disabilitites Council, was performed. Only those requests which required the assistance of the computer were analyzed as information on the types of services required and the handicapping conditions of the clients were used in the computer search. This information was not available on those clients who were assisted by other methods.

For each SCRIP request, the services requested and the handicapping conditions of the individual were noted. The following eight service categories were utilized in the analysis of SCRIP requests.

1. **Broad Scope Education**—All aspects of education including infant stimulation programs, preschool programs and public and private duty and residential schools.
2. **Recreation**—Activities for children and adults, including summer camps, adult recreational programs, and non-summer activities.
3. **Residential Programs**—Includes small-scale living arrangements such as group homes, apartment programs, boarding homes, and large scale programs.
4. **Evaluation and Diagnosis**—Includes both comprehensive evaluation requests and requests for a specific evaluation such as a psychological. Any diagnostic request is included in this category.
5. **Counseling**—Includes requests for family, psychological, and other counseling service.
6. **Treatment**—This category includes all aspects of treatment that might be required throughout an individual's life. Included are medical and dental treatment and occupational, speech and hearing therapy.
7. **Post-Secondary Education**—Included in this category are two- and four-year colleges, graduate schools and/or trade schools.
8. **Vocational Training**—This category includes services to persons with all levels of handicapping conditions ranging from Work Activity Training Centers (WATC) for persons with severe handicaps to sheltered workshops and job placement assistance programs.

In order to identify regional need, the geographic area in which the services were requested was noted. Four regions were identified:

Region I **All of New Jersey**

Region II **Northern New Jersey**
Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren Counties.

Region III **Central New Jersey**
Burlington, Mercer, Middlesex, Monmouth and Ocean Counties.

Region IV Southern New Jersey
Atlantic, Camden, Cape May, Cumberland, Gloucester and Salem Counties.

The majority of requests were for services located throughout the state and northern New Jersey. Requests for services in the central and southern regions were less frequent.

Broad Scope Education

Educational Services were most frequently requested over the six-month study period with a total of 100 requests throughout the state and 120 requests in northern New Jersey.

The most frequent age group requesting services were the five through eighteen year olds. While many requests were from people with various handicapping conditions, the most frequent requests were for persons with learning disabilities and emotional disturbance. Over 65 percent of the requests for statewide services and 61 percent of the requests in north Jersey were from persons with these handicaps. The average number of facilities sent per request was nine. The largest number of facilities available per request served students who were emotionally disturbed, while few facilities were sent to persons with multiple handicaps. There were fifty requests in central New Jersey and only fifteen requests in southern New Jersey. As the number of requests decrease, correspondingly the number of facilities sent decreases. For example, central New Jersey has an average of five facilities sent, compared to eight for north Jersey. Request patterns among regions are similar, with all the regions having a high number of requests for persons with emotional disturbances or learning disabilities.

The following chart exhibits the variation in number of requests among persons with the following handicapping conditions: learning disabilities, mental retardation, emotional disturbance and multiple handicaps. Persons with these handicaps requested services most often and received the greatest number of responses. Only requests for statewide services are noted on this chart, as this region was indicative of patterns for the state as a whole. Additionally, the majority of requests were for services throughout New Jersey.

Region I (New Jersey)

Handicapping Condition	Number of Requests	Average Number of Responses
Learning Disabilities	32	10
Mental Retardation	14	10
Emotional Disturbances	30	13
Multiply Handicapped	11	6

Residential Services

Large- and small-scale living arrangements were usually requested together by the client and are considered as one service in this survey. There were 76 requests for statewide facilities and only a few requests for services by region. Fifty-six percent of the requests were by persons ages 22 to 64. Requests for residential services were made by persons with various handicapping conditions. The average number of facilities sent per request for individuals ages 22 to 64 was seven.

The following chart exhibits the variation in number of requests among persons with the following handicaps: learning disabilities, cerebral palsy, mental retardation and emotional disturbances. Persons with these handicaps requested services most often and received the greatest number of responses. As with educational services, only requests for statewide services are indicated.

Region I

Handicapping Condition	Number of Requests	Average Number of Responses
Learning Disabilities	5	5
Cerebral Palsy	4	8
Mental Retardation	14	9
Emotional Disturbances	10	7

Recreation

Recreation was also a frequently requested service, with a total of 163 requests. Seventy-one requests were for services throughout the state, 53 in north Jersey, 29 in central New Jersey and 10 in the southern region. As with educational services, services were most frequently requested for persons ages five to eighteen.

Seventy-nine percent of the requests throughout the state and 66 percent of the requests in north Jersey were from persons in this age group. Many of the recreation requests were received in March and April, when parents begin to search for summer camps for their children. Those with learning disabilities requested services most often with over half of the requests received for persons with this handicap.

While the majority of requests were for persons with learning disabilities, the largest number of recreational facilities were sent for persons with mental retardation. In north Jersey, for example, an average of fourteen facilities serving persons with mental retardation were sent compared to six for persons with learning disabilities. The range of facilities sent for all other handicapping conditions was between seven and twelve.

This chart exhibits the variation in the number of requests among persons with the following handicapping conditions: learning disabilities, emotional disturbances and mental retardation. As with the other two service categories, only Region I is examined.

Region I

Handicapping Condition	**Number of Requests**	**Average number of Responses**
Learning disabilities	29	12
Mental retardation	7	14
Emotional disturbances	5	11

Post Secondary Education

This service was most often requested on a statewide level, and usually among eighteen to twenty-one year olds. Most of the requests were from persons with learning disabilities.

Evaluation and Diagnosis

This service was infrequently requested as a separate service and was usually requested in conjunction with other services. When the service was requested it was usually requested in a specific region or county. For the north, central and southern regions, there was an average of ten requests for evaluation and/or diagnosis.

Treatment and Counseling

Persons requesting treatment through SCRIP did so on a regional or county level rather than statewide. There were only few requests for this service with only ten requests in northern New Jersey, nine in central New Jersey and two in southern Jersey. This was also the case with counseling, of which only three requests were documented. The main reason for so few requests is not that this service is not needed, but rather that these services are usually provided in conjunction with other programs, such as a school, and were not counted as a separate service request.

Vocational Training

Vocational training was also a service most often requested in conjunction with other services, consequently few requests were made for vocational training as a separate service. The majority of requests were in north Jersey with a total of nineteen requests. The other regions had a few requests for this service.

Although many of the calls received by SCRIP were computer assisted, some clients were served without the use of the computer. For the six-month study period, a total of 739 clients were served in this manner. A record was kept of the number of calls, the service requested and type of referral given. This record was then examined in order to identify the types of questions SCRIP personnel were unable to respond to.

The average number of calls per month that were not computer assisted was 123. The average number of calls per month for which SCRIP personnel were unable to provide a referral was twelve. The services that were most requested, yet unable to be located were financial assistance, transportation, residential placement and employment assistance. Of these, the most frequent was in the area of financial assistance. Financial assistance was requested for a variety of purposes including medical treatment, educational programs (especially college) and the purchase of equipment.

The purpose of examining the SCRIP requests was to identify the service needs of the developmentally disabled population. While it is understood that the SCRIP survey does not definitively determine "need," it is intended to identify of all services sought through the program, what services are most frequently requested.

After examining the computer assisted requests for six months, three service categories were identified to be sought most frequently by callers. These services are residential placements, recreational services and educational services. Although educational services were requested frequently, most of the requests were for a more appropriate placement rather than an initial search for facilities.

Although these three services were requested often, the average number of responses for each service category were varied. Requests for residential placements received the lowest number of responses, reflecting a real need for adult living arrangements. Persons requesting recreational services were usually sent a substantial list of facilities.

Evaluation and diagnosis, counseling, treatment and vocational training were services that were requested infrequently. This does not indicate that these services are not needed, but rather that they are usually requested in conjunction with other programs. Most of the requests were for statewide services or for services located in north Jersey.

In summary, an examination of all SCRIP requests for a six-month period indicate service needs for the developmentally disabled in the following areas: recreational services, residential services, better educational services, transportation services and financial assistance.

Taking into account both public and private sector resources, specific gaps in services become apparent. The most glaring differences between what is available and what is needed are found in the following areas: residential services, vocationally oriented programs for adults, day care programs, case management services, treatment services diagnostic services, and transportation.

An expansion of community based living arrangements, personal care services and respite programs is indicated. While thirty-six private agencies serving approximately 1,300 clients in a community-based residence are represented in the survey, only nine agencies indicate a capacity to serve additional clients. Respite care programs are similarly limited, with seven agencies serving a total of 406 clients as a primary service. Only one agency indicated an ability to expand services to additional clientele. Personal care services as a primary program are also extremely limited, with only six agencies serving 1,182 clients. While additional clients are served in respite and personal care programs as a secondary service, the availability of these services is virtually nonexistent. Additionally, all but a few of the private agencies reporting they provide special living arrangements do so under contract with the Division of Mental Retardation. The clients these agencies serve, therefore, by and large are restricted to mentally retarded persons.

The Council estimates the need for training and vocational day programs for adults at 32,000. The private agency survey indicates a little over 8,000 clients receiving such services. Services are also available through the Division of Vocational Rehabilitation Services to approximately 6,200 developmentally disabled adults. The Division of Mental Retardation serves another 1,500 clients. A large gap still exists, however, in appropriate day programs for adults with sever handicaps.

Day care services are minimal in New Jersey for developmentally disabled persons of all ages. The Council projects a need for such services by a little over 20,000 persons. The survey indicates a total of seventeen agencies serving approximately 860 clients. Only half of the agencies have the capacity to serve more clients at this point in time.

The legal mandate that the state provide educational services ensures that school-age children have a legal right to an appropriate education. As was evident from the SCRIP survey, the problem is not in the availability of educational programs, but in the appropriateness of the placements. Thus, the Council focuses on monitoring the implementation of educational services, as this is a mechanism to ensure there is no gap in this service area.

The expansion of child development programs for handicapped children ages zero through four is a continuing need. While infant stimulation programs are currently operating in all twenty-one counties, the need continues to exceed available service slots. The passage of P.L. 1981, Chapter 415, which provides funding for infant stimulation programs in school year 1983-84 as well as mandating the state provide preschool programs to all eligible handicapped children in New Jersey, should result in improved availability of child development services to developmentally disabled children ages zero through four. The Council will continue to monitor the funding and implementation of this law.

Comprehensive case management services are available to a limited number of developmentally disabled citizens. The Division of Mental Retardation, Division of Youth and Family Services and the Special Child Health Services Program provide this service to their eligible clientele. Additionally, some private agencies indicated they provide comprehensive case management services (or one or more components of case management) to their target populations. However, a large gap continues to exist in the provision of case management services especially to adults not eligible for this service from state agencies, as private agencies are limited in the number of clients they are able to serve. It has been a priority of the Council therefore, to promote the availability for long-term personal program coordination services to all developmentally disabled citizens of New Jersey.

Treatment and identification services are also in need of expansion, but funding is less of an issue in this area than is the need for professionals qualified to serve developmentally disabled persons. The Council has emphasized the improvement of services through the development of a professional and non-professional manpower pool trained to work with developmentally disabled individuals. During 1984, the Council will work toward the development of an expanded University Affiliated Facility in New Jersey, whose primary role will be to develop programs to train professionals and non-professionals specifically in the field of developmental disabilities.

Transportation as a primary service is largely unavailable. Most programs will provide transportation to and from their programs, but only a few (six) agencies provide transportation as a service in itself. A continual need exists for the development of a range of transportation services to developmentally disabled individuals, as its absence is one of the major barriers to developmentally disabled persons participation in all activities. The Council will continue to work with transportation providers (both public and private) to coordiante transportation resources and ensure their optimal use. Additionally, the Council will utilize its influence to assist the Office of Coordinated Transportation in achieving its goal of making specialized transportation services available to handicapped citizens of New Jersey.

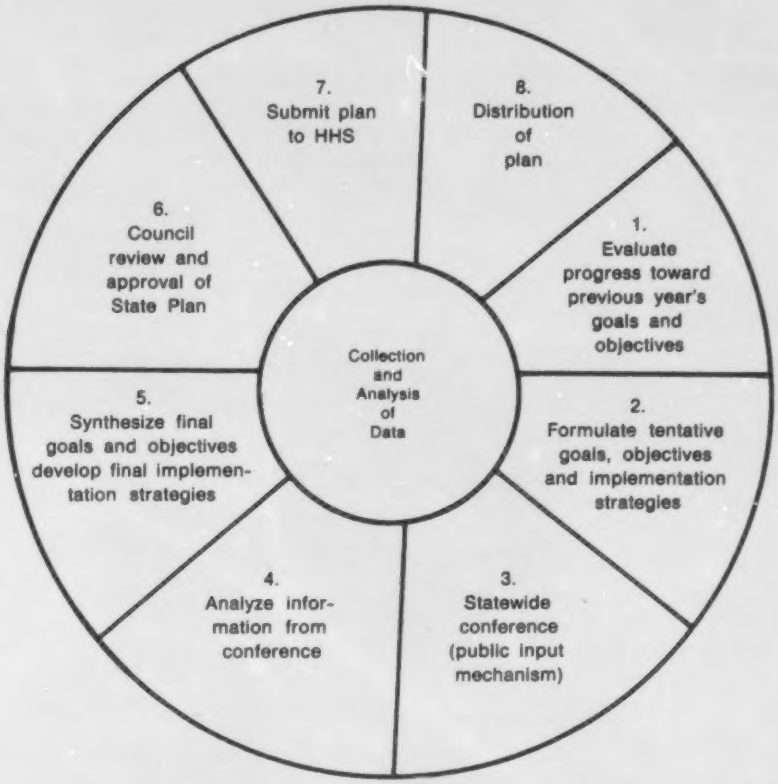
Recreation programs appear to have made the most progress toward satisfying the leisure time needs of developmentally disabled persons. Of the 104 agencies responding to the private agency survey, fifty-two indicated they provide recreation programs (including camp programs) to almost 11,000 developmentally disabled persons. Of these, twenty-one have the capacity to serve additional clients. The council will continue to encourage the integration of developmentally disabled persons into generic leisure time and recreation activities, and the development of specialized leisure time activities for the severely developmentally disabled.

4.2 New Jersey's major concerns during the state Plan period

The New Jersey Developmental Disabilities Council articulates its short- and long-range concerns through the development of goals and objectives (a full listing of the goals and objectives can be found in Section V). The mechanism for developing goals and objectives on a yearly basis is the planning process. While the full Council is involved in the continuing development and review of priorities, the Committee on Policy and Planning is responsible for articulating goals and objectives for the State Plan. The planning process of the New Jersey Developmental Disabilities Council proceeds as a cycle: A series of operations that recur regularly during the course of each fiscal year and lead back to the origin. Figure 4-3 is a graphic illustration of the planning cycle. The cycle involves 8 steps which are designed to emanate from a strong data and information base. The steps are as follows:

1. Evaluation of progess made toward the achievement of goals and objectives set during the previous fiscal year.
2. Formulation of tentative goals and objectives for the new plan year. Tentative implementation strategies are developed.

Figure 4-3
Planning Cycle of the
New Jersey Developmental Disabilities Council


7.
Submit plan
to HHS
8.
Distribution
of
plan
1.
Evaluate
progress toward
previous year's
goals and
objectives
2.
Formulate tentative
goals, objectives
and implementation
strategies
3.
Statewide
conference
(public input
mechanism)
4.
Analyze information from
conference
5.
Synthesize final
goals and objectives
develop final implementation strategies
6.
Council
review and
approval of
State Plan
Collection
and
Analysis
of
Data

3. Mechanism for eliciting citizen input into the goal setting process is utilized.
4. Analysis of information gathered from the public at annual statewide conferences on developmental disabilities regarding the goals and objectives.
5. Synthesize the final goals and objectives for the new plan year. Final implementation strategies are developed for each goal and objective.
6. Completion and approval of the annual State Plan for Developmental Disabilities.
7. Submission of annual State Plan to the Office of Human Development within the Department of Health and Human Services (HHS).
8. Distribution of the New Jersey State Plan for Developmental Disabilities.

Public input into the goals of the Developmental Disabilities Council are solicited in three ways. The most direct means of surveying citizen attitudes and concerns is the annual statewide conference on developmental disabilities. The statewide conference provides an opportunity for those persons directly affected by the developmental disabilities service system and those with an active interest in the developmentally disabled population to provide input on the proposed goals of the Council. Citizens are encouraged to offer suggestions pertaining to the needs of the developmentally disabled. This year's conference, "Disability Aware Fair, '83," was held on May 7, 1983 at the Cherry Hill Mall, Cherry Hill, New Jersey.

The Council also published a public notice in the New Jersey Register (Monday, May 2, 1983) concerning its intention to change its funding areas for fiscal year 1984. Additionally, once approved by the federal government, the availability of the State Plan and the address from which it can be obtained is printed in the Register. Comments are solicited, and a summary of any comments received is also published.

Finally, over 2,000 State Plans are printed and distributed annually, across the state, to a variety of agencies and individuals concerned with services to persons with developmental disabilities.

The Developmental Disabilities Council has four avenues available to realize its goals. The first is promoting interagency coordination. The composition of the Council membership provides an important vehicle for interagency communications and cooperation. Representatives of the various service network agencies often exchange information on programs and provide assistance in the development of cooperative mechanisms. Council goals and objectives require that members and staff work closely with agency personnel in order to implement changes in the service system. Most state and private agencies involved in providing services to the developmentally disabled cooperate with the Council and its staff without formal coordination arrangements. Council members and staff regularly interact with representatives of various agencies in order to exchange data and discuss services. The Council planning staff receives or has access to the publications, data packets and plans of agencies serving the developmentally disabled.

Many methods are employed to influence agencies to increase and more effectively coordinate services. The Council reviews and comments on state legislation, rule and regulation changes, and administrative directives potentially affecting the developmentally disabled. The Council's comprehensive plan, which is distributed throughout New Jersey, points out steps that agencies can take to meet the needs of the state's developmentally disabled population. Special reports and "mini plans" generated by Council activity provide support materials and implementation strategies. Through Council initiative and planning grants, the various agencies involved are encouraged to take those steps.

State agencies are influenced by the Council through joint meetings with officials who administer programs affecting the disabled population. The degree of sensitivity of agency representatives to the needs of the developmentally disabled often increases as a result of information exchange expressed at these meetings. In this capacity, the Council calls attention to program deficiencies and service gaps, and helps eliminate those gaps by acting as a resource and advisory body. The Council, if it deems necessary, may award a planning grant in an area of concern within a state agency. The Council also maintains working ties with major voluntary and private associations.

Advocacy and public education activities are utilized as a method to improve developmentally disabled citizens awareness of, and access to, available programs. Additionally, education of the general public to dispel misconceptions about disabled persons is aimed at breaking the barrier of fear and misunderstanding which inhibits the integration of developmentally disabled persons into the mainstream of society.

Specific activities involve the continued publication of *Interface*, a bimonthly newsletter which provides information on Council activities, developmental disabilities events, issues and resource materials. In addition, a series of public service spot announcements have been broadcast on radio and television stations serving New Jersey to promote public awareness of the needs and services available to disabled residents of New Jersey. A brochure providing information on the Council and the service network has also been disseminated. The annual statewide conference, through the participation of over one hundred service providers and special events which demonstrate the capabilities of developmentally disabled persons in sports demonstrations and other performances, is an effective method educating developmentally disabled persons about available services and the general public about developmentally disabled persons.

The Council works closely with the Division of Advocacy for the Developmentally Disabled, formerly the Office of Advocacy for the Developmentally Disabled, to ensure that agency is an effective advocate for the rights of developmentally disabled persons.

The Council is frequently engaged in efforts to encourage legislation and to promote administrative changes that will enhance the delivery of services to the developmentally disabled residents of the state and will widen their legal and civil rights. The Council, the Committee on Legislation and the Executive Committee often generate and provide information on specific legislative or administrative issues. A major activity in this area has been the development of a position paper recommending the Division of Mental Retardation broaden its target population to include other developmentally disabled persons not now served because they are not diagnosed as being mentally retarded. Continuing activities to promote this concept will include advocating legislation to be introduced which would make this proposal a reality. Additionally, the Council, in cooperation with relevant public and private agencies, has developed a guidebook on establishing community based residential facilities for persons with developmental disabilities. The major purpose of this effort was to clarify the procedures involved in the development of such programs.

The fourth avenue available to the Developmental Disabilities Council is the use of funding for programs serving developmentally disabled persons. The Developmental Disabilities Act (P.L. 95-602) makes funds available to states for use in one or two specialized service areas. The act calls these areas "priority service areas"; and states must utilize no less than 65 percent of their federal allotment in one, or at the State's option, two priority service areas.

4.3 What are "priority service areas"?

The federal Developmental Disabilities Act requires each state to assess the service needs of all its developmentally disabled citizens, with a special emphasis on four service areas identified in the legislation as requiring special consideration. The four areas identified are case-management services, child development services, alternative living arrangements, and non-vocational social development services.

The act further requires each state developmental disability program commit at least 65 percent of its federal allotment to "service activities" in one or, at the state's option, two of the four designated service areas.

4.3.1 The Federal Definitions of "Priority Service Areas" and the Elements of Those Services as Operationalized in New Jersey

A. **Case Management:** Services which will assist persons with developmental disabilities in gaining access to needed social, medical, educational and other services; includes follow-along services which ensure a continuing relationship, lifelong if necessary, between a provider and a person with a developmental disability and the person's immediate relatives or guardians; includes coordination services which provide support, access to and coordination of other serives, information on programs and services and monitoring of progress. (Section 102(B)(C)(i)(ii)).

In New Jersey, developmentally disabled persons may receive case management services through either the Division of Youth and Family Services (autistic children only), the Division of Mental Retardation (mentally retarded children only), the Department of Health, and the Department of Education (as a part of the IEP), or through a combination of the four agencies. Mentally retarded or autistic adults receive comprehensive case management services from the Division of Mental Retardation. Non-mentally retarded developmentally disabled adults currently do not receive this service from any state agency.

B. **Child Development Services:** Services which will assist in the prevention, identification and alleviation of developmental disabilities in children, and includes early intervention, counseling and training of parents, early identification and diagnosis and evaluation (Section 102(8)(D)(i)(ii)(iii)(iv)).

Elements of child development services in New Jersey would include: early intervention programs, currently available in all twenty-one counties; comprehensive diagnosis and evaluation services (especially those available through the three affiliated hospitals of Rutgers Medical School), and the now state-mandated provision of preschool programs for children with handicaps. The Special Child Health Services program is the primary state agency responsible for the provision of an array of child developement services for children with handicaps.

C. **Alternative Community Living Arrangement Services:** Services which will assist persons with developmental disabilities in maintaining suitable residential arrangements in the community, including in-house services (such as personal aides and attendants and other domestic assistance and supportive services), family support services, foster care services, group living services, respite care, and staff training, placement and maintenance services (Section 102(8)(E)).

Elements of alternative living arrangements in New Jersey would include: group homes available through the Division of Mental Retardation, Division of Youth and Family Services and private providers; skill development, foster and family care homes available through the Division of Mental Retardation; and the more recent development of community-based long-term care facilities for adults with severe physical disabilities. Additionally, respite care is available through the Division of Mental Retardation and isolated private provider agencies.

D. **Non-Vocational Social-Developmental Services:** Services which will assist persons with developmental disabilities in performing daily living and work activities (Section 102(8)(F)).

Elements of non-vocational social development services would include recreation programs (available primarily through private agencies and local departments of recreation) and transportation programs.

4.3.2 The Process By Which New Jersey's Priority Service Areas are Selected

For fiscal year 1984, the New Jersey Developmental Disabilities Council has selected child development services and case management services as its priority service areas. Child development services has been a funding area of the Council for the past four years. Case management will be a change from the previous years priority service area of alternative community living arrangements.

The Council decided to maintain child development services as one priority service area for FY '84 as it is concerned about the impact on the programs should funding be withdrawn in FY '84. It should be noted, however, that the Council intends to examine the availability of other funding sources, specifically funds available as a result of Chapter 415 of New Jersey laws of 1981, which should provide a stable funding base for early intervention programs. The Council plans to phase out funding of early intervention programs based on the availability of state funds for these programs.

The decision to change from the priority service area of alternative living arrangements to case management services was based on a number of factors. The Council continues its commitment to the development of a wide variety of community-based residential services for persons with developmental disabilities. Upon an examination of the use of funds under this service area, however, it was found that funds had been directed at the purchase of furniture for group homes. This use had been necessary as in the past state capital construction funds could not be used for this purpose. Now, however, the purchase of furniture has been included in the capital grant contract, thus eliminating the need for funding in this area.

The Council was concerned about the effect of the change in priority service areas on the two respite care programs which receive developmental disability funding for the partial support of their programs. The Council notified these agencies of the change in priority service areas, explaining this will not effect the programs until 1984, as the Council disburses its funds on the last day of the fiscal year. This allows the programs over one and a half years to seek alternate funds. Additionally, the Council is exploring, with the Division of Mental Retardation, the use of state funding to support these programs.

The Council's decision to select case management services was based on its commitment to the development of such a life-long service for all persons with developmental disabilities. The Council has recognized this need, especially in terms of non-mentally retarded developmentally disabled adults. Currently, no agency in New Jersey is responsible for providing comprehensive case management services to these adults. The Council has studied, in conjunction with Division of Mental Retardation, the feasibility of that agency providing such a service. The Division of Mental Retardation was selected as it currently makes case management services available to eligible mentally retarded persons and autistic adults.

The Council intends to utilize 20 percent of its available service funds under case management to develop a model case management system for New Jersey. This will complement the Council's activities to make funding available to fully support the statewide provision of this service.

Section V:

Council Goals, Objectives, Activities and Budget

5.1 What are the Council's objectives?

The New Jersey Developmental Disabilities Council develops goals and objectives directed at improving the quality of life of developmentally disabled citizens of New Jersey. These goals and objectives are developed and/or reviewed on an annual basis to ensure their relevancy as well as to evaluate the Council's effectiveness in meeting them.

The eleven goals of the Developmental Disabilities Council are:

A. To maintain and expand, throughout the State, a variety of quality community living arrangements and community-based support services for youths and adults with developmental disabilities.
B. To maintain, develop and expand a complete range of child development services for children with developmental disabilities, including early identification, diagnosis and evaluation, early intervention, and the counseling and training of parents.
C. Improve access to and provide maximum coordination of existing resources available to people with developmental disabilities.
D. To continue to encourage the existence of a coordinated, multi-purpose transportation system which is responsive to the needs of persons with developmental disabilities.
E. The integration of individuals with developmental disabilities into generic leisure time and recreation activities and to develop and maintain quality specialized recreation activities for persons with the most severe disabilities.
F. The existence in New Jersey of personal program coordination service (case management) and to provide for the comprehensive and life-long service needs of individuals with developmental disabilities.
G. The protection of the Civil Rights of persons with developmental disabilities.
H. The existence of a professional and non-professional human services manpower pool which serves to enhance the quantity and quality of services to individuals with developmental disabilities.
I. The existence of a complete and meaningful spectrum of community-based programs for youths and adults with developmental disabilities, regardless of their functioning level.
J. The development of positive public attitudes toward persons with developmental disabilities.
K. To ensure the effectiveness, efficiency and responsiveness of the Developmental Disabilities Council as a leadership planning body for all persons with developmental disabilties.

For each goal, the Council has developed three-year (long-term) objectives and plan-year (short-term) objectives aimed at attaining those goals. Specific activities to be undertaken by the Council through designated Council committees, and various public and private agencies are described.

Goal A

To maintain and expand, throughout the state, a variety of quality community living arrangements and community-based support services for youths and adults with developmental disabilities.

The Council has developed a number of long (three year) and short (plan year) term objectives aimed at attaining this goal. Attitudinal and procedural barriers which prohibit the development of group homes and other community-based living arrangements will be identified and addresed in two ways. First, the Council will promote the acceptance of persons with developmental disabilities in the community through public awareness activities. Specifically, the Council and the Division of Mental Retardation are working jointly on a statewide media campaign designed to foster community awareness and acceptance of group homes for persons with developmental disabilities.

The Council is continually monitoring the procedures involved in the development of community based residences to determine problem areas. The Council printed a free booklet outlining current procedures to facilitate interested agencies' and persons' understanding of them and thus promote the development of homes. The guidebook also included a variety of resources to assist agencies in funding residences. Additionally, the Council will study the geographic mix and program content of existing homes to identify areas in which further development is needed.

As a part of the development of community residences, support systems must be available to residents. The Council is in the process of developing a Task Force on Family Support Services to identify potential forms of funding and evaluate the current support systems available.

The Council is also monitoring the availability of legal services to persons living in the community and the implementation of child welfare and home family care services as provided for in the Adoption Assistance and Child Welfare Act of 1980 (PC 96-272).

The Council will also be monitoring the utilization of the Medicaid waiver recently obtained by the Division of Mental Retardation. The waiver allows the DMR to provide Medicaid reimburseable community-based services to clients with mental retardation and other developmentally disabled clients who would otherwise require a residential program certified under the ICF program.

Goal B

To maintain, develop and expand a complete range of child development services for children with developmental disabilities, including early identification, diagnosis and evaluation, early intervention, and the counseling and training of parents.

The Council has proposd a number of long- and short-term objectives to meet this goal.

The Developmental Disabilities Council will maintain infant stimulation programs as a priority service area for the receipt of federal funds under (PL95-602) untii permanent funding is obtained. The planning committee will be examining the availability of funding from other sources such as the Maternal and Child Health program and especially the Department of Education, which will make available $1.75 million for these programs during school year 1983-84.

The Council will also continue to provide information regarding the availability of early intervention programs. Posters will be developed which correspond to the existing public television spots on early intervention services. These posters will be distributed statewide.

To further promote effective identification of infants and toddlers with developmental disabilities by human service and education agencies, the Council will work with the Department of Education in the preparation of a state plan for the provision of early identification and intervention services.

Finally, the Council will assist the University Affiliated Facility (UAF), which has recently moved from Kean College to Rutgers University, in establishing interdiciplinary training programs. The Council plans to work closely with the UAF in the development of these programs.

Goal C

Improve access to and provide maximum coordination of existing resources available to people with developmental disabilities.

In order to realize this goal, the Council will work to bring about the conversion of the Division of Mental Retardation to a Division of Developmental Disabilities with the authority to serve all persons with developmental disabilities, in addition to the current eligible population (persons with mental retardation or autism). The Council will collaborate with the Department of Human Services in the drafting and subsequent introduction of legislation necessary to effectuate this change.

The Council will continue to foster cooperation and coordination among public and voluntary agencies serving persons with developmental disabilities, especially at the county level. This will be done by 1) ensuring the representation of developmentally disabled persons on the newly formed county Human Service Advisory Councils and 2) providing the county Human Service Advisory Councils with information concerning the needs of persons with developmental disabilities.

The Council will work toward obtaining full implementation of state and federal statutes pertaining to the education of persons with handicaps. Special emphasis will be placed on the regulations for the 0-3, and 3-5 year olds per Chapter 415, Public laws of 1981, which provides funding for these programs. The Council will also continue to participate on the Infant Stimulation Advisory Council, loacted within the Department of Education. The Infant Stimulation Advisory Council is developing a guide to assist agencies in implementing the rules and regulations for the education of handicapped infants.

The Council will continue to promote the use of SCRIP as a means to provide effective service and referral to persons with developmental disabilities. New posters and brochures are being developed, and will be distributed statewide.

Goal D

To continue to encourage the existence of a coordinated, multipurpose transportation system which is responsive to the needs of persons with developmental disabilities.

The Council, in order to achieve this goal, will encourage coordination among those public and private agencies currently providing transportation services for persons with developmental disabilities so that existing resources can be maximized. Specifically, the Council plans to continue its work with the office of Coordinted Transportation within the Department of Transportation to encourage municipal and county providers as well as state agencies to pool resources including funding. The Council plans to assist this office in completing a statewide inventory of agencies providing transportation services and also to eliminate barriers to the sharing of vehicles, especially those which may be imposed by insurance regulations.

In addition, the Council will monitor the proposed use of casino revenue funds to develop and improve the accessibility of transportation for elderly and disabled persons on a county level.

Goal E

The integration of individuals with developmental disabilities into generic leisure time and recreation activities and to develop and maintain quality specialized recreation activities for persons with the most severe disabilities.

The Council will assist and monitor the Department of Community Affairs in its implementation of comprehensive in-service educational systems for recreation practitioners, handicapped persons, their guardians and other interested persons. Funds will continue to be provided by the Department of Community Affairs to counties and municipalities to provide short and long term recreation programs.

Goal F

The existence in New Jersey of a personal program coordination service (case management) to provide for the comprehensive and life-long service needs of individuals with developmental disabilities.

The Council plans to meet this goal through a number of objectives. First, the Council will press for the development of an administrative structure within the Division of Mental Retardation to serve the life-long needs of all persons with developmental disabilities. The Council will collaborate with the Department of Human Services to draft and introduce the legislation necessary to convert the Division of Mental Retardation to a Division of Developmental Disabilities. Through the provision of Developmental Disabilities funds, the Council will develop a model case management system which would be available to all persons with developmental disabilities.

Upon completion of the model system, the Council will propose the newly formed Division of Developmental Disabilities use it as a guide in its implementation of a comprehensive case management program for all persons with developmental disabilities.

Goal G

The protection of the civil rights of persons with developmental disabilities.

The Council, in order to achieve this goal, will continue to support, work with and encourage the identification of obstacles which prevent persons with developmental disabilities from exercising their civil rights. Special emphasis is placed on guaranteeing rights provided for under Sections 503 and 504 of the Vocational Rehabilitation Act, the Education to all Handicapped Children Act (PL94-142) the New Jersey law against discrimination, the state Developmental Disabilities Bill of Rights (NJSA 30:6D) and other such entitlements.

These provide for equal access under the law to education, employment, the right to live in the community and the right to a barrier-free environment. Additionally, persons with developmental disabilities are provided special entitlements related to treatment and care, habilitation and rehabilitation and financial assistance.

Specifically, the Council's Committee on Advocacy and staff will advise, monitor and encourage the Division of Advocacy for the Developmentally Disabled and related agencies in the definition and elimination of any obstacles which limit the rights of developmentally disabled persons. Members of the Council and the Executive Director will continue to be active members of the ad hoc advisory committee to the Division on Advocacy for the Developmentally Disabled.

The Council will continue to monitor and comment upon all legislation (both state and federal) which impact upon persons with developmental disabilities. Additionally, regulations governing the operation of public agencies which have a potential to limit or otherwise infringe upon the rights of persons with developmental disabilities will be critiqued.

Goal H

The existence of a professional and non-professional human services manpower pool which serves to enhance the quantity and quality of services to individuals with developmental disabilities.

In order to achieve this goal the Council will assist the new University Affiliated Facility (UAF) which is located at Rutgers University. A primary emphasis of the UAF will be the development of training and other programs aimed at improving the quality of services available to persons with developmental disabilities. As part of the UAF's training function, the Council will provide developmental disabilities funds to identify the roles of case managers and develop appropriate curriculum which will provide these workers with the skills necessary to fulfill the case manager role. The Council hopes this effort will improve the ability of these human service workers to meet the needs of the developmentally disabled.

Goal I

The existence of a complete and meaningful spectrum of community-based day programs for youth and adults with developmental disabilities, regardless of their functioning level.

The Council will develop a Task Force on Vocational Preparation and Employment Opportunities in Fiscal Year 1984. This task force will be responsible for implementing the objectives necessary to meet this goal.

A primary objective of this task force will be to encourage the availability of a full range of day programs including sheltered and extended employment opportunities, work activity centers and socialization programs throughout the state. Collaboration with the Division of Vocational Rehabilitation (DVR) and the Division of Mental Retardation (DMR) will continue in order to identify gaps in existing training programs for those developmentally disabled persons who are not mentally retarded. Reports will be requested from DMR and DVR as to the number of persons on waiting lists for programs. Furthermore, the task force will work with these two agencies to identify barriers and improve placement and follow-up services for all clients.

Vocational training programs should emphasize the movement of clients from lower level programs such as a Work Activity Training Center (WATC) to a higher level program such as a sheltered workshop. Reports will be requested from these agencies which detail current trends in the placement of clients, with special emphasis upon the movement of clients from one program to another and follow up procedures. The task force will identify weaknesses in the system through these reports and make recommendations as needed.

The Developmental Disabilities Council will continue to press for expanded funding to meet the needs of the extended employment program and will also encourage the development of innovative employment programs which utilize resources from private industries. Meetings with staff from private industry councils, provider agencies and private industry will be arranged concerning the development of such programs.

Another important objective will be to improve vocational training opportunities for teenagers with developmental disabilities. The task force will continue to communicate on a frequent basis with officials from vocational education and vocational rehabilitation programs in order to facilitate vocational training programs for teenagers. There will be monitoring as to actual placement of the developmentally disabled in vocational programs. Additionally, the task force will assist the Department of Education in developing curriculums that will incorporate vocational training elements into special education programs.

Goal J

The development of positive public attitudes toward persons with developmental disabilities.

The main objective of the Council, in achieving this goal, will be the elimination of negative public attitudes which block persons with developmental disabilities full access to housing, employment, learning and independent living. Public information will be provided in a variety of ways, on an ongoing basis, to improve public attitudes toward persons with developmental disabilities.

The Council will continue to issue it's bi-monthly newsletter, *Interface,* and distribute the updated consumer handbook. In addition, the Council, in conjunction with the Division of Mental Retardation, will be developing a media campaign aimed at encouraging public acceptance of developmentally disabled persons in community-based residences throughout New Jersey. The advertising firm of Laddin and Company will be donating their creative time in developing radio and television spots to address this issue. The Division of Mental Retardation and the Developmental Disabilities Council will be sharing production costs.

The Council is also in the process of revising information posters on the following six topics: special education, community living, vocational training, early intervention programs, the Developmental Disabilities Advocacy Office and the Statewide Computerized Referral-Information Program (SCRIP). Updated brochures on SCRIP will also be distributed.

One of the major public awareness activities of the Council is the annual Developmental Disabilities Aware Fair. The fair's major function is to educate and inform the general public, persons concerned with developmental disabilities and consumers of services as to the availability of programs in New Jersey as well as to recognize the achievements of persons with developmental disabilities. Additionally, Council staff will continue to make themselves available to speak about developmental disabilities and Council functions and activities upon request.

Goal K

To ensure the effectiveness, efficiency and responsiveness of the Developmental Disabilities Council as a leadership planning body for all persons with developmental disabilities in New Jersey.

The Council will ensure this goal by engaging in a number of self-evaluative, improvement and monitoring activities. On an annual basis, the goals and objectives presented in the *New Jersey State Plan for Services to Persons with Developmental Disabilities* will be reviewed by the Planning Committee and staff. Reports will be made to the Council as to compliance and congruency of the goals and objectives.

Additionally, the Planning Committee will review on a regular basis the progress made by the Council toward the achievement of long-range and plan-year objectives. Opportunities for input into the goal and objective setting process by consumers, providers and the general public will be provided in two ways. First, the State Plan is printed in the Federal Register and the public is invited to comment upon it. Additionally, provision is made at the annual Developmental Disabilities Aware Fair for public comment.

In order to maximize the effectiveness of the Council staff, the Executive Director will carry out with the staff the state's mechanism of employee evaluation. One of the Council's main objectives is utilization of all resources available or potentially available to persons with developmental disabilities, especially resources provided by developmental disability service funds. In order to achieve this objective, the Council will continue to act as a resource and in an advisory capacity to the administering agency to improve grants management operations and to develop and implement other evaluative mechanisms.

One of the Council's long-range objectives is to improve its planning techniques and capabilities. The planning staff will encourage service agencies to collect, make available and share data on their client caseload. Additionally, the planning staff will meet with ECN to consider the feasibility and costs of utilizing the Statewide Computerized Information-Referral Service (SCRIP) as a planning tool. Finally, the Council will encourage the development of a Client Information System (CIS) which would provide meaningful information on present and future service needs of Department of Human Services clients.

5.2 What is the developmental disability program's projected budget for FY 1984?

The projected expenditures for FY '84 are displayed in Table 5-1. The actual allotment and expenditures are reported on the quarterly financial status report, on plan year budget revisions, and are delineated in the *Annual Report* at the close of the fiscal year.

Refer to Section III for a detailed description of the method for obtaining Developmental Disability service funds.

TABLE 5-1

SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES*

FY ENDING September 30, 1984

ALLOCATION TO STATE AGENCY BY SOURCE OF FUNDS

STATE AGENCY DESIGNATED TO ADMINISTER DD FUNDS	NON-FEDERAL FUNDING			TOTAL FEDERAL FUNDS**	TOTAL FUNDS
	STATE	NON-PROFIT MATCH	TOTAL NON-FEDERAL		
NEW JERSEY DIVISION OF MENTAL RETARDATION	$375,492	$675,000	$1,050,492	$1,172,906	$2,223,398

ALLOCATIONS TO STATE AGENCY

STATE AGENCY DESIGNATED TO ADMINISTER DD FUNDS	TOTAL FEDERAL & NON-FEDERAL	PLANNING		ADMINISTRATION	PRIORITY SERVICES		
		COUNCIL	OTHER		TOTAL	CASE-MANAGEMENT	CHILD DEVELOPMENT
NEW JERSEY DIVISION OF MENTAL RETARDATION	F-$1,172,906 NF-$1,050,492	$351,871.80 $ 50,486.00	$0 $0	$ 58,645.30 $ 50,000.00	$762,388.90 $950,006.00	$152,477.78 $190,001.20	$609,911.[illegible] $760,004.80
TOTAL	$2,223,398	$402,357.80	$0	$108,645.30	$1,712,394.90	$342,478.98	$1,369,915.92
PERCENT OF FEDERAL ALLOCATION UTILIZED FOR PLANNING, ADMINISTRATION OR PRIORITY SERVICES	100%	30%		5%	65%		

*PROPOSED FY 1984 EXPENDITURES ARE BASED ON TOTAL FY 1983 FEDERAL ALLOCATIONS
TOTAL ALLOCATION FOR FY 1983 INCLUDES BASIC FORMULA GRANT, REPROGRAMED FUNDS & REALLOTMENTS OF UNUSED INITIAL AND REPROGRAMMED FUNDS.

Section VI

Assurances

6.1 New Jersey assures that each designated state agency will make such reports, in such form and containing such information, as the Secretary (of Health and Human Services) may from time to time reasonably require, and keep such records and afford such access thereto as the Secretary finds necessary to verify such reports. (Sec. 133(b)(1)(C)).

6.2 New Jersey assures that it will maintain such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the State under Part C of Public Law 95-602. (Sec. 133(b)(1)(D)).

6.3 New Jersey assures that it has established a method for the periodic evaluation of the plan's effectiveness in meeting the objectives set forth in the plan. (Sec. 133 (b)(2)(D)).

6.4 New Jersey assures that funds paid to the State under Section 132 will be used to make a significant contribution toward strengthening services for persons with developmental disabilities in the various political subdivisions of the State. (Sec. 133 (b)(3)(A)).

6.5 New Jersey assures that part of the funds (under Part C) will be made available to public or nonprofit private entities. (Sec. 133 (b)(3)(B)).

6.6 New Jersey assures that funds paid to the State under Section 132 will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant such non-Federal funds. (Sec. 133 (b)(3)(C)).

6.7 New Jersey assures that there will be reasonable State financial participation in the cost of carrying-out the State Plan. (Sec. 133 (b)(3)(D)).

6.8 New Jersey assures that services furnished, and the facilities in which they are furnished, under the plan for persons with developmental disabilities will be in accordance with standards prescribed by the Secretary in regulations. (Sec. 133 (b)(5)(A)(i)).

6.9 New Jersey assures that buildings used in connection with the delivery of services assisted under the plan will meet standards adopted pursuant to the Architectural Barriers Act of 1968. (Sec. 133 (b)(5)(A)(ii)).

6.10 New Jersey assures that services assisted under the plan are provided in an individualized manner consistent with the requirements of Section 112 (relating to habilitation plans). (Sec. 133(b)(5)(B)).

6.11 New Jersey assures that the human rights of all persons with developmental disabilities who are receiving treatment, services, or habilitation under programs assisted under this title will be protected consistently with Section III (relating to the rights of persons with developmental disabilities). (Sec. 133(b)(5)(C)).

6.12 New Jersey assures that special financial and technical assistance shall be given to agencies or entities providing services for persons with developmental disabilities who are residents of geographical areas designated as urban or rural poverty areas. (Sec. 133(b)(4)(D)).

6.13 New Jersey assures that it has undertaken affirmative steps to assure the participation in programs under this title of individuals generally representative of the population of the State, with particular attention to the participation of members of minority groups. (Sec. 133(b)(5)(D)).

6.14 New Jersey assures that it will continue to make an assessment of the adequacy of the skill levels of professionals and paraprofessionals serving persons with developmental disabilities in the State and the adequacy of the State programs and plans supporting training of such professionals and paraprofessionals in maintaining the high quality of services provided to persons with developmental disabilities in the State. (Sec. 133 (b)(6)(A)).

6.15 New Jersey assures that there has been provision for the maximum utilization of available community resources, including volunteers. (Sec. 133 (b)(7)(A)).

6.16 New Jersey assures that the composition of the State Planning Council meets the requirements of Section 137. (Sec. 133(b)(1)(A)).

Section VII

Attachments

7.1 Agencies included in the private agency survey

Atlantic County

Association for Retarded Citizens, Inc.
Atlantic Unit
1227 Drexel Avenue
Atlantic City, N.J. 08401
(609) 345-7021

Caring House
350 Chestnut Neck Rd.
Port Republic, N.J. 08241
(609) 652-6524

Children's Seashore House (Outpatient)
4100 Atlantic Avenue
P.O. Box 4111
Atlantic City, N.J. 08404
(609) 345-5191, Ext. 279

Springs Child Workshop, Inc.
18 Linwood Professional Plaza
2021 New Road
Linwood, N.J. 08221
(609) 653-9066

Bergen County

Association for Retarded Citizens, Inc.
Bergen-Passaic Unit
841 Hickory Avenue
Bergenfield, N.J. 07621
(201) 384-1213

Bergen County Cerebral Palsy Center, Inc.
241 North Van Dien Avenue
Ridgewood, N.J. 07450
(201) 444-6017 or 6018, 6019

Easter Seal Community Service Center
Hackensack, N.J.
(201) 342-5739

Child Center
88 Hickory Street
Bergenfield, N.J. 07621
(201) 384-1213

Burlington County

Association for Retarded Citizens, Inc.
Burlington Unit
Deacon Road
Hainesport, N.J. 08036
(609) 267-5453

Involve, N.J., Inc.
199 Pancoast Avenue
Moorestown, N.J. 08057
(609) 778-0599

Burlington County Cerebral Palsy Center
Mount Holly, N.J. 08060
(609) 261-1667

Burlington County Memorial Hospital
Early Intervention Program
175 Madison Avenue
Mount Holly, N.J. 08060
(609) 261-7040

Occupational Training Center
Woodland Road, Box 1129-8
Mt. Holly, N.J. 08060
(609) 267-6677

Camden County

Association for Retarded Citizens, Inc.
Camden Unit
215 West White Horse Pike
Berlin, N.J. 08009
(609) 767-3650

Children's Seashore House/Assoc. for Retarded Citizens
215 West White Horse Pike
Berlin, N.J. 08009
(609) 767-2600

Cerebral Palsy School & Treatment Center of Camden County, Inc.
7512 N. Crescent Boulevard
Pennsauken, N.J. 08110
(609) 662-7300

Goodwill Industries of Southern NJ
100 S. 17th Street
Camden, N.J.
(609) 964-5800

Archway Programs
Atco, N.J. 08004
(609) 767-5757

Alternative School, Inc.
1009 Haddonfield Road
Cherry Hill, N.J. 08034
(609) 795-8228

Kingsway Learning Center
144 Kings Highway, West
Haddonfield, N.J. 08033
(609) 428-8108

Muscular Dystrophy Association
Kennedy Professional Mall
Suite 104
40 E. Laurel Road
Stratford, N.J. 08084
(609) 435-8082

Our Lady of Lourdes Medical Center
Child Development Services
1600 Haddon Avenue
Camden, N.J 08103
(609) 757-3947

Preschool for Handicapped
Davis School
34th Avenue
Camden, N.J.
(609) 966-1442

Cape May County

Association for Retarded Citizens, Inc.
Cape May Unit
6 Maryland Avenue, Box 275
Rio Grande, N.J. 08242
(609) 465-9349

Cumberland County

Association for Retarded Citizens, Inc.
Cumberland Unit
Evanoff Center
1680 W. Sherman Avenue
Vineland, N.J. 08360
(609) 691-9138

Shirley Eves Center
United Cerebral Palsey
Millville, N.J. 08332
(609) 825-5840

CRC/Easter Seal Community Services
2155 S. Delsea Drive
Vineland, N.J. 08360
(609) 696-8770

Essex County

Association for Retarded Citizens, Inc.
Essex Unit
62 North Walnut Street
East Orange, N.J. 07017
(201) 676-8070

Community Health Law Project
55 Washington Street, Room 306
East Orange, N.J. 07017
(201) 672-6032

Jespy House, Inc.
65 Academy Street
South Orange, N.J. 07079
(201) 762-6909

March of Dimes
277 Fairfield Road
Fairfield, N.J. 07006
(201) 882-0700

Parents for Deaf Awareness
c/o 23 Maplewood Avenue
Keasby, N.J. 08832
(201) 826-9054

Occupational Center of Essex County
391 Lakeside Avenue
Orange, N.J. 07050
(201) 672-5800

S.H.A.P.E.
115 Clifton Avenue
Newark, N.J. 07104
(201) 482-6400

The Children's Institute
South Orange, N.J. 07079
(201) 762-0302

United Cerebral Palsy of North Jersey
91 South Harrison Street
Orange, N.J. 07018
(201) 674-1150

Gloucester County

Abilities Center of Southern N.J
790 N. Delsea Drive
Westville, N.J. 08093
(609) 848-1025

Association for Retarded Citizens, Inc.
Gloucester Unit
53 Smallwood Place
Woodbury, N.J. 08096
(609) 848-8648

Cerebral Palsy Center
Rt. 322
Glassboro, N.J. 08028
(609) 881-8678

St. John of God Community Services
Westville Grove, N.J. 08093
(609) 848-4700

Hudson County

Association for Retarded Citizens, Inc.
Hudson Unit
Murdoch Hall
115 Clifton Place
Jersey City, N.J. 07304
(201) 434-7783

Hunterdon County

Association for Retarded Citizens, Inc.
Hunterdon Unit
Administration Building
Main Street
Flemington, N.J. 08822
(201) 782-7827

Child Development Program
Hunterdon Medical Center
Flemington, N.J. 08822
(201) 782-2121, Ext. 391

Hunterdon Occupational Training Center
Flemington, N.J. 08822
(201) 782-1480

Pioneer on Wheels, Inc.
P.O. Box 81
Flemington, N.J. 08822
(201) 788-1473

Mercer County

Association for Advancement of the Mentally Handicapped
145 Witherspoon Street
Princeton, N.J. 08540
(609) 924-7174

Association for Retarded Citizens, Inc.
Mercer Unit
1015 Fairmount Avenue
Trenton, N.J. 08629
(609) 393-2483

Eden Institute
26 Nassau Street
Princeton, N.J. 08540
(609) 921-1198—448-6400

Family Service Agency of Princeton
120 John Street
Princeton, N.J. 08540
(609) 924-2098

Friends Home Health Care
151 Mercer Street
Trenton, N.J. 08611
(609) 396-1505

Lutheran Social Services of N.J.
Box 30
Trenton, N.J. 08601
(609) 393-3440

Millhill Child & Family Development Center
1010 Oakland Street
Trenton, N.J. 08648
(609) 989-7333

NJ Council of Organizations and Schools for Autistic Children and Adults (COSAC)
71 University Place
Princeton, N.J. 08540
(609) 683-0140

Mercer County Chapter
National Society for Children and Adults with Autism
c/o P.O. Box 2013
Princeton, N.J. 08540
(609) 924-6280

Middlesex County

Association for Independent Development
943 Kearney Drive
North Brunswick, N.J. 08902
(201) 297-2602

Association for Retarded Citizens
Raritan Valley Unit
1014 Livingston Avenue
North Brunswick, N.J. 08902
(201) 846-2586

Cerebral Palsy Association
Roosevelt Park
Edison, N.J. 08837
(201) 549-5580

Developmental Resources Corp.
1075 Easton Avenue
Somerset, N.J. 08873
(201) 846-4222

Edison Sheltered Workshop
328 Plainfield Avenue
Edison, N.J. 08817
(201) 985-8834

Epilepsy Foundation of New Jersey
212 Durham Avenue
P.O. Box 364
Metuchen, N.J. 08840
(201) 548-4610

Middlesex Central Chapter of the National Society for Children and Adults with Autism
84 Fairmont Avenue
Chatham, N.J. 07928
(201) 635-7275

Middlesex General—University Hospital
Laurie Neurodevelopmental Institute
180 Somerset Street
New Brunswick, N.J. 08901

NJ Consultation Service for Neurological Diseases
Department of Pediatrics
UNDNJ-Rutgers Medical School
Box 101, Trailer 1
University Heights
Piscataway, N.J. 08854
(201) 463-4197

Pediatric Rehabilitation Department
John F. Kennedy Medical Center
Edison, N.J. 08818
(201) 321-7740

Raritan Valley Workshop
9 Terminal Road, P.O. Box 1937
North Brunswick, N.J. 08902
(201) 828-8080

Monmouth County

Association for Retarded Citizens
Monmouth Unit
630 Broad Street
Shrewsbury, N.J. 07701
(201) 747-2928

Early Intervention Program of Ocean & Monmouth Counties
c/o First Presbyterian Church
Third Street and Clifton Avenue
Lakewood, N.J. 08701
(201) 367-3545

Family Resource Associates, Inc.
35 Haddon Avenue
Shrewsbury, N.J. 07701
(201) 747-5310

United Cerebral Palsy of Monmouth and Ocean Counties, Inc.
Long Branch, N.J. 07740
(201) 222-4741

Special Needs Infant Project
62 Leland Terrace
Tinton Falls, N.J. 07724
(201) 544-9533

Camp Oakhurst
Oakhurst, N.J. 07755
(201) 531-0215

Work Opportunity Center
395 Warburton Place
Long Branch, N.J. 07740
(201) 229-4414

Handicapped High Riders
Route 526, P.O. Box 229
Allentown, N.J. 08501
(609) 259-3884

Morris County

Association for Retarded Citizens
Morris Unit
P.O. Box 123—Central Avenue
Morris Plains, N.J. 07950
(201) 326-9750

Center for Evaluation and Counseling
Morristown Memorial Hospital
100 Madison Avenue
Morristown, N.J. 07960
(201) 540-5225

Cheshire Home, Inc.
9 Ridgedale Avenue
Florham Park, N.J. 07932
(201) 966-1232

Geigers Acorn Hill
188 Sandshore Road
Box 155
Budd Lake, N.J. 07828
(201) 691-0604

Morris County Education Center
Park Road and Route 53
P.O. Box 459
Mount Tabor, N.J. 07878
(201) 540-1373

N.J. State Society for Autistic Children
99 Toby Drive
Succassuna, N.J. 07876
(201) 584-1064

Occupational Training Center for the Handicapped
10 Ridgedale Avenue
Cedar Knolls, N.J. 07927
(201) 538-8822

Rehabilitation Center for the Handicapped
260 Tabor Road
Morris Plains, N.J. 07950
(201) 539-5636

Welkind Neurological Hospital
Chester, N.J. 07930
(201) 584-8145

Ocean County

Association for the Multiple Impaired Blind, Inc.
2240 Church Road
Toms River, N.J. 08753
(201) 255-3304

Association for Retarded Citizens, Inc.
Ocean County Unit
345 Chambers Bridge Road
Brick, N.J. 08723
(201) 477-4321

Early Intervention Program
c/o Collier Services
Wickatunk, N.J. 07765
(201) 946-2776

Ocean Community Economic Action Now, Inc.
Head Start Program
40 Washington Street
P.O. Box 1029
Toms River, N.J. 08753
(201) 244-5333

United Cerebral Palsy of Monmouth and Ocean County, Inc.
Long Branch, N.J. 07740
(201) 222-4741

Early Intervention Program of Ocean & Monmouth Counties
c/o First Presbyterian Church
Third Street and Clifton Avenue
Lakewood, N.J. 08701
(201) 867-3545

Easter Seals Occupational Training Center of Ocean County
166 Main Street
Lakewood, N.J. 08701

Passaic County

Association for Retarded Citizens, Inc.
Bergen-Passaic Unit
549 Broadway
Paterson, N.J.
(201) 345-5507

Passaic County Elks Cerebral Palsy Treatment Center
1481 Main Avenue
Clifton, N.J.
(201) 772-7600

NJ Cystic Fibrosis
105 Church Street
Totowa, N.J. 07512
(201) 790-3100

Salem County

Association of Retarded Citizens
Salem Unit
P.O. Box 5
Salem, N.J. 08079
(609) 935-3600

Somerset County

Association for the Advancement of the Mentally Handicapped
217 W. Main Street
Somerville, N.J. 08876
(201) 685-1444

Association for Retarded Citizens
Somerset County Unit
P.O. Box 382
Manville, N.J. 08835
(201) 725-8544

Easter Seal Community Service Center for the Handicapped
312 North Adamsville Road
Bridgewater, N.J 08807
(201) 685-0300

Matheny School
Peapack, N.J. 07977
(201) 234-0011

SCAP
429 Lewis Street
Somerset, N.J. 08873
(201) 846-8888

Sussex County

Associaiton for Retarded Citizens
Sussex Unit
39 Newton-Sparta Road
Newton, N.J. 07860
(201) 383-7442

Highlands Workshop/Easter Seal Society
133 Main Street
Franklin, N.J 07416
(201) 827-9066

Sussex County Educational Services Commission
3 Main Street
P.O. Box 248
Newton, N.J. 07860
(201) 383-2343

Union County

Association for Advancement of the Mentally Handicapped of Union County
60 Prince Street
Elizabeth, N.J. 07208
(201) 354-3040

Association for Retarded Citizens
Union Unit
1220 South Avenue
Plainfield, N.J. 07062
(201) 754-5910

Union County Society for the Handicapped
108 Eastman Street
Cranford, N.J. 07016
(201) 561-8190

United Cerebral Palsy League of Union County
373 Clermont Terrace
Union, N.J. 07083
(201) 354-5800

Warren County

Abilities of Northwest Jersey
255 East Washington Avenue
Washington, N.J. 07882
(201) 689-1118

Association for Retarded Citizens
Warren Unit
P.O. Box 42
Washington, N.J. 07882
(201) 689-3244

Camp Merry Heart/Easter Seals
Hackettstown, N.J. 07840
(201) 852-3896

7.2 A-95 Review

In accordance with the A-95 review requirements, attached is the Gubernatorial Approval indicating that New Jersey's State Plan is consistent with other state plans and programs.

STATE OF NEW JERSEY
OFFICE OF THE GOVERNOR
TRENTON
08625

THOMAS H. KEAN
GOVERNOR

June 23, 1983

Ms. Barbara DeLorenzo
Planning Specialist
New Jersey Developmental Disabilities
Council
108-110 North Broad Street
CN 700
Trenton, New Jersey 08625

RE: Project NJ83-341: Development Disabilities Basic
Support Program

Dear Ms. DeLorenzo:

This letter is in reference to your application for Federal financial assistance which has been referred to the Office of the Governor for comment pursuant to the provisions of the U.S. Office of Management and Budget Circular A-95, Park III.

The application has been processed initially by the Division of Local Government Services in its capacity as the New Jersey State Clearinghouse.

Examination of the application indicates that it is consistent with other State plans and programs.

A copy of this letter indicating compliance with A-95's Gubernatorial Review requirement should be included with your application submission to the Federal funding agency.

Sincerely,

Gary S. Stein, Director
Office of Policy and Planning